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ABSTRACT

The Families Involved in Schools and Community (FISC) Project was a federally funded project to develop and demonstrate the use of a model Individualized Family Service Plan process for young children with challenging needs and their families. The model emphasizes an individualized family systems perspective, informal nonintrusive assessment and planning processes, and family enablement and empowerment. The model focuses on developing processes, products, and skills that strengthen family-school partnerships, collaborative team decision-making, and links between families and their informal and formal support system. The model involves the specific steps of initial contact, preassessment planning, child assessment, collaborative goal setting at the Individual Education Plan (IEP)/Individualized Family Service Plan (IFSP) conference, and ongoing review of program plans. Evaluation of the FISC individualized family-centered planning process with 35 families who were initially involved in the FISC project and with a supplemental group of 51 families of older children with disabilities provided support for the process in terms of family member satisfaction as well as a shift to a more collaborative family-staff planning process. Appendixes present preassessment planning tools, a review of family assessment scales and methods with a list of over 100 references, a sample IEP and child and family plan, and four case studies. (Contains 17 references.) (JDD)

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FISC Individualized Family-Centered Planning Process

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Abstract

District 742 Community Schools in St. Cloud, Minnesota worked in collaboration with the Institute on Community Integration (UAP) at the University of Minnesota on a three year project funded by the U.S. Office of Education. The Families Involved in Schools and Community Project (FISC) operated between October 1, 1989 and September 30, 1991. The project, designed to develop and demonstrate the use of a model Individualized Family Service Plan (IFSP) process for young children with challenging needs and their families, resulted in the family-centered planning process that is described in this document. The FISC *Individualized Family-Centered Planning Process* includes specific steps that include (a) initial contact, (b) preassessment planning, (c) child assessment, (d) collaborative goal setting at the Individual Education Plan/ Individualized Family Service Plan (IEP/IFSP) conference and (e) ongoing review of program plans. Evaluation of the FISC Individualized Family-Centered Planning Process with 35 families who were initially involved in the FISC project and with a supplemental group of 51 families of older children with disabilities provides support for the process in terms of family member satisfaction as well as a shift to a more collaborative family-staff planning process.

PROJECT FISC

Introduction/background

Goal. Families Involved in School and Community (FISC) began as a three year joint research and demonstration project between the Institute on Community Integration at the University of Minnesota and the Adaptive Living Program in the District 742 Community Schools in St. Cloud, Minnesota. The primary goal of Project FISC was to develop and implement a model family-centered approach for individual education plans for preschool and school aged children with very challenging needs.

Setting. Thirty-five preschool to elementary aged students and their families participated in the project. Special education teachers in the St. Cloud school district have typically served as case managers within a transdisciplinary service delivery model. Team members may include family members, special education teachers, grade level classroom teachers, educational programmers, occupational and physical therapists, communication disorders specialists, independent living skills assistants, music therapists social workers, psychologists, technology consultants, vision consultants, program coordinators, and any other individuals significant in the life of the learner.

The staff and administrators of District 742 Community Schools have been committed to creating a support system that enables all district learners to receive their education to the greatest extent possible in age-appropriate grade level classrooms in neighborhood school sites. Students with very challenging needs attend school with same age peers at one early childhood center, nine elementary schools, one middle school, two junior high schools, and two senior high schools. The Individual Education Plan (IEP) prepared for students reflects the collaborative efforts between family members and school staff in planning special education support services within inclusive neighborhood school environments. A family-centered approach to assessment and planning is more than a family outcome resulting from the interaction of school staff with family members. More globally, it is viewed as the continual pursuit of being responsive to the priorities, concerns and aspirations of all partners in the provision of services to children.

Assumptions/premises

The information gathering and collaborative planning processes established as part of the FISC project, are grounded in three broad principles:

• An *individualized* family systems perspective acknowledges the unique strengths each family can utilize in meeting their child's needs as well as their own (Benson & Turnbull, 1986).

• *Informal, nonintrusive* assessment and planning processes emphasizing help to establish and maintain family-staff relationships. The emphasis on open-ended conversations requires minimal reliance on standardized instruments and procedures (Summers et al., 1990).

• *Family enablement* and *empowerment* practices shift the focus to the families as primary decision makers. Enabling families entails creating opportunities and means for families to apply their present abilities and competencies, and to acquire new ones as necessary, to meet their needs and the needs of their children. Empowering families suggests interacting with family members in such a way that they maintain or acquire a sense of control over their lives and attribute positive changes that result from programming to their own strengths, abilities, and actions (Dunst, Trivette, and Deal, 1988).

Within the context of individualization and family enablement and empowerment, Project FISC operated on a number of specific premises concerning families, educational programs, and parent-professional roles. These include, but are not limited to the beliefs that are included in the Project FISC statement of program philosophies in Table 1.

Project FISC focused on developing processes, products and skills that strengthen family-school partnerships, collaborative team decision-making, and links between families and their informal and formal support system. The outcome of this process is the collaborative formulation of each child's IEP and the opportunity for families to specifically identify their concerns or projects on an individualized family support plan, that is, the Child and Family Plan component of the IEP.

Table 1

FISC Program Philosophies

- Each family is unique with is own structure, roles, values, beliefs, and coping styles;

- All families have strengths;

- Family members are the primary decision-makers and advocates for their child;

- Educational services are child- and family-centered with the recognition that the family is the constant in a child's life;

- The child is the focus of the educational program, which also recognizes and responds to family concerns that may influence the child or relationships among family members;

- School staff employ helping behaviors that create opportunities for family members to display competencies and become better able to meet future needs;

- The collaborative attitudes and practices of school staff positively influence participation of families in planning and carrying out programs for their child;

- Family members are a primary source of assessment information about their child;

- Families are a vital part of the educational team and are encouraged to participate in a manner and to a degree that is comfortable for them;

- The classroom teacher is the primary contact person for the family regarding their child's educational program;

- Whenever possible, staff suggestions for children are presented in such a way that they can be incorporated into existing family routines and activities;

- School staff resources and skills supplement rather than supplant family and community resources.

Rationale for the FISC Planning Process

The family-centered approach to information gathering and program planning supported by Project FISC involves a collaborative relationship between families and staff. As partners, family members and staff work together in pursuit of common goals. The commitment to improved program planning through family-staff partnerships requires a redefinition of the traditional roles and responsibilities of members of the educational team and a reorganization of annual planning activities with families.

Once considered the experts charged with the task of reporting child information and formulating goals and instructional strategies, school staff now assume the more collaborative role of *guide* in the information gathering and goal development process. Family members are recognized as the primary decision-makers and advocates for their children with challenging needs, and as such, direct the program planning process by communicating concerns, interests and aspirations for their child. School staff attempt to employ effective collaborative helping behaviors that acknowledge family strengths and capabilities and which support, encourage and create opportunities for family members to demonstrate existing competencies and to develop new skills and competencies to meet present and future priorities and concerns. To facilitate this role expansion for both school staff and family members, the first of two annual IEP review conferences is devoted to preassessment planning.

The decision to move from a discipline-centered to a family-centered process was based on a review of the literature in which the principles of *empowerment*, *individualization*, and *focus on process* were viewed as critical in family-staff collaborative planning (Bailey & Simeonsson, 1988; Benson & Turnbull, 1986; Dunst et al., 1988; Summers et al., 1990). The results of a local family needs survey (McGrew, Gilman, & Johnson, 1989) in which a significant number of families (40% to 50%) expressed specific priorities for their children that were not being addressed by individual educational plans was an additional impetus for change.

The entire information gathering and planning process (described in the following section) is based on the belief that effective family-school partnerships are based on family members and staff jointly determining the nature and extent of the partnership. As a result, the process is individualized by providing family members and staff with a range of information-gathering and planning tools/methods. Together family members

and staff structure the process for their unique partnership by (a) agreeing on the extent to which family members wish to be involved in the information-gathering and planning process, (b) selecting the method of information gathering (i.e., interview, informal discussion, or self-report instruments) that is the best match between family preference and style and options suggested by the case manager, (c) having the family share child and family information based on their own sense of its relevance and their comfort level in sharing specific information, (d) determining the manner of ongoing communication that will occur between family and school staff, and (e) clarifying the roles of family members and staff during the program planning conference.

Assessment and planning is designed to be a dynamic and interactive process that does not focus on prescribed standardized procedures or "scores" from formal instruments. Instead, the process provides families and staff with a framework within which to organize and prioritize information that is of use in collaborative decision-making.

DESCRIPTION OF THE FISC PLANNING PROCESS

Steps in the planning process

The primary steps in the FISC *Individualized Family-Centered Planning Process* are presented below and in Table 2. In reviewing this process, however, it is important to point out the inherent limitation in a written description. A description constrained by the linear nature of the written word may tend to convey a standard or uniform approach. By definition, the FISC planning process is individualized and is likely to follow a different path for each family. The nature of family-school relationships as a unique, dynamic, and interactive partnership insures that all families will not progress through the process in a prescribed sequence. Ongoing informal contacts not described in this sequence may often need to occur. Thus, the following narrative is provided as a guiding conceptual framework of the process. The five steps that are described below include (a) initial contact, (b) preassessmentplanning, (c) child assessment, (d) collaborative goal setting at the IEP conference and (e) ongoing review of program plans. As an illustration of the process, information is included from one of the case studies of a family involved in Project FISC that was documented as part of the evaluation plan. This case study as well as additional case studies of families for whom the process progressed somewhat differently are included in Appendix D.

Table 2

Steps in Using a Family-Centered Approach in Planning a Student's Educational Program

1. Contacts Between Family Members and the Classroom Teacher

- Telephone
- Home and/or school visit
- Family members' preferences for ongoing contact (notebook, phone, visits, newsletter)

2. Preassessment Planning Conducted by Family Members and Staff

Planning a Student's Educational Program

- Family and staff perspectives of child's capabilities and interests
- Child characteristics
- Current medical and/or relevant assessment information
- Family members' concerns about their child
- Barriers for the family, if any, in meeting the needs of their child
- Family strengths and sources of support in meeting the needs of their child
- Family preferences for completing written child and/or family checklists and inventories
- Family preferences for routine home-school communication (frequency, phone, visit etc.)
- Identification of those who will assess various family concerns and priorities
- Plan for sharing assessment information with family members and other team members
- Family members' roles during the program planning conference
- Family members' preferences for conference format
- Persons the family would like to attend the conference

Identification of Family Strengths and Projects through Family-Focused Interviews, Check lists, and/or Home Inventories.

- Family capabilities, sources of support, and projects as they relate to the needs of their child

3. Child Assessment Based on Family Priorities and Discipline Expertise

4. Collaborative Goal-Setting During IEP Conference

- Development of outcomes to meet child and family needs
- Actions and timelines for attaining goals
- Roles and responsibilities of team members

5. Implementation and Review of the IEP, Including the Child and Family Plan

- Instruction/services conducted in home, school and community settings

Informal and Formal Review of the IEP

- Progress probed on individual child and family outcomes
- Progress reported during routine home-school contacts
- Progress documented during annual review conference

Case Study Background Information: The Kane family is a family of five living in a small town in a rural community. Mr. Kane works in sales and frequently travels for business purposes. Mrs. Kane works part time at a job that has flexible hours. Both parents, who are in their 30s, have always lived in this area of the state. The Kanes have three daughters who are 9, 5, and 2 years of age. The oldest child, Kristi, has multiple disabilities and requires one-to-one attention for her physical care and much of her instruction. Kristi has low vision and uses a wheelchair for mobility. Kristi is a very friendly, sociable child who communicates by vocalizing, head movements and smiling. For the last six years, Kristi has been bused to a self-contained special education program in a metropolitan area.

Step 1: Initial contact. If rapport with the family is not already established, the child's case manager makes contact with the family as early as possible at the beginning of the school year. These can be relatively informal contacts made by telephone, in writing, or during a home and/or school visit. These contacts give family members an opportunity to explore and communicate their initial preferences for the type and frequency of ongoing contact with the school staff.

Case study: Kristi has had the same teacher for three of the six years that she has attended the self-contained special education program. Her classroom teacher made several phone contacts with Kristi's parents prior to the preassessment planning stage. The planning process for this year is best viewed as a continuation of the informal home-school contacts that were initiated three years earlier.

Step 2: Preassessment Planning. Approximately one month prior to the formal IEP conference, the case manager visits (at school, at home or by telephone) with family members to complete a preassessment planning phase of the planning process. This informal, collaborative, information gathering and sharing process is designed to be a forum in which the staff person actively listens to the family members perspectives, priorities and projects regarding their child. The major functions of Preassessment Planning are to (a) gather and summarize existing information that may provide direction for any subsequent child assessments, (b) elicit family preferences for their role in the information gathering and IEP development process, (c) initiate the process of eliciting the family's perspective of their child's strengths and needs and the family's priorities and resources related to their child's educational plan, and (d) discuss options for collaborative goal-setting during the subsequent IEP conference. In respecting the individual preferences of family members, the preassessment process is not completed if family members do not wish to participate.

During the preassessment planning phase, case managers actively listen to the family members' perspectives about their child and their family. The child's strengths, characteristics and needs, as well as family concerns and priorities that relate to the child's educational plan, may be shared in the form of anecdotes and stories. Family members are encouraged to express their desired role in the assessment and planning process, including preferences for using or not using formal checklists or inventories to organize their thoughts about child and family priorities or areas for child assessment, and when and how information sharing will occur prior to or during the IEP conference. A more detailed listing of thirteen possible areas to address during the preassessment planning phase is contained in the Preassessment Planning Worksheet in Appendix A. Also included in Appendix A is a corresponding list of possible questions to aid case managers in eliciting information from families regarding the specific areas that are listed on the planning worksheet. The Preassessment Planning Worksheet is intended to be one means of organizing the information gathered and discussed during the entire preassessment planning process.

A variety of information-gathering tools/methods and conferencing techniques have been identified or developed to assist school staff in "listening" to families more effectively during the planning process. The selection and use of a given tool or method is dependent upon a match between what the case manager suggests as options and family preference and style. Information is typically gathered by the case manager during an informal interview in the home with the immediate family present. Possible information-gathering tools/methods and conferencing techniques are included in Appendix A, and may include, but are not necessarily limited to:

1. *Planning Your Child's Educational Program* (District 742 Community Schools, Project FISC, 1990).

2. *Preassessment Planning Worksheet* (District 742 Community Schools, Project FISC, 1990).

3. *The Family's Assessment Focus* (Project Dakota, 1986).

4. *McGill Action Planning System* (MAPS) (Forest & Lusthaus, 1987; Vandercook, York & Forest, 1989).

5. *Child Checklists or Inventories* (District 742 Community Schools, 1989).

6. *Family Checklists or Questionnaires* .

The tools/methods for gathering information reflect a variety of different approaches that vary from informal, broad, open-ended questions (e.g., see #1 above, *Planning Your Child's Educational Program*) to more objective family checklists and questionnaires. Regardless of the degree of structure or formality in the design, however, all methods in the FISC planning process are used in a non-intrusive manner. This process of informality and nonintrusiveness that focuses on open-ended conversations and interactive partnerships acknowledges the importance of respecting the uniqueness of families (Summers et al., 1990). The family-focused interviewing and collaboration principles outlined by Bailey and Simeonsson (1988), Dunst et al. (1988), and reported in *Guidelines and Recommended Practices for the Individualized Family Service Plan* (NEC*TAS & ACCH, 1989) are also drawn upon by the case managers during the preassessment process.

The manner in which family checklists and questionnaires are offered during the preassessment planning phase to help a family identify its priorities, strengths, and resources relative to child goals warrants special comment. On first consideration the use of family checklists and questionnaires may be viewed as inconsistent with the informal, conversational tone of preassessment. Given the significant psychometric limitations of many of these instruments (McGrew, Gilman & Johnson, in press) and family member preferences for an informal conversational process (Summers et al., 1990), the family checklists and questionnaires are considered tools by which to structure conversations during the preassessment process. If the family elects to use checklists and questionnaires as a part of the preassessment planning process, the manner in which they are completed and used is up to family members. Family choice may entail (a) completing them in private in order to share relevant portions of information with staff, (b) informally scanning particular checklists with a staff member as a means by which to structure a discussion, or (c) reviewing checklist/questionnaire items to stimulate their own thoughts prior to meeting with staff. Overall, these individualized options provide structure to the informal, conversational information gathering process. Certain items of relevance to a family's priorities for example, can be followed by probes for more specific information (Dunst et al., 1988). For example, "You indicated that you feel a need for more free time for yourself. Would you tell me more about this so I can get a better understanding of your concern?" Using this model of preassessment planning, the focus is rarely on the scores produced by the scales, but rather on the family members' elaboration of their response to individual areas or items of concern.

The information gathered during the preassessment planning phase (and during the individualized child assessment described below) is intended to address eight major areas discussed in the literature on family-centered programming. These eight areas were drawn from a review of perspectives on family assessment (Bailey & Simeonsson, 1988; Benson & Turnbull, 1986; Dunst et al., 1988; McCubbin & Thompson, 1987) and are briefly summarized in Table 3. In addition to the family checklists and questionnaires used by Project FISC staff members (see Appendix A), other instruments of potential use in each of the eight areas during the preassessment planning phase are presented in Appendix B.

Three areas, family identified priorities and needs, family strengths or functioning style, and family social support have been mentioned most frequently in the literature as important when conducting family-centered assessment and planning. As a result, the questions and methods used during the preassessment planning phase (see Appendix A) are designed to insure that information is elicited in these three important areas. Family-school relationships can be assessed with a survey developed as part of Project FISC's acitivities, the Home-School Survey (see Appendix A), which is based on Dunst et al.'s (1988) principles of empowerment. Changes in family characteristics and structure, family life cycle, and family and home environment, three areas important for understanding the total total ecological system that surrounds the child (Bailey & Simeonsson, 1988; Benson & Turnbull, 1986; Dunst et al., 1988; McCubbin & Thompson, 1987) are not formally assessed, but are shared incidentally through ongoing informal contacts. Finally, the area of child behavior and characteristics includes those child variables most frequently associated with traditional child-centered assessment procedures and is discussed in the next section (see Step 3).

Table 3

Assessment Areas Related to the Development of Family-Centered Education Programs

Family identified priorities and needs
The priorities, needs, goals or projects that the family members consider to be important, particularly as they relate to the child's educational needs. How and to what the family chooses to devote its time and energy.

Family strengths or functioning style
The unique resources of the family system, such as problem solving and coping strategies, appraisal and perception of situations, family interaction and communication processes, and individual and family member roles, functions, and competencies. How family members cope with the demands of daily life and stress, how they promote the growth and development of family members, and internal strengths upon which the family can draw.

Family social support
The formal and informal support and resources available from persons, groups, organizations, or institutions both within and outside the family that can be used to meet family needs.

Family and school relationships
The type of family-school staff relationships and the effectiveness of communication. The degree of collaborative planning and sense of empowerment conveyed to family members in these help-giving and help-seeking relationships.

Family characteristics and structure
The actual characteristics or aspects of families that combine to provide a family with a unique identity. It includes family member characteristics, cultural style (i.e, ethnicity, religion, geographic location, socioeconomic status) and ideological style (beliefs and vaues)

Family life cycle changes
The response by family members to developmental changes in the family system or individual family members (i.e., normative) or to changes due to structural, functional, or sociohistorical critical events (i.e., nonnormative).

Family and home environment
The physical characteristics and psychological climate within the home and among family members and the extent to which the family environment contributes to optimal development.

Child behavior and characteristics
Those characteristics of the child that are important in educational planning (e.g.,age, type/ severity of disability, temperament, readability, personal competencies).

Note. This table is based upon a review of a variety of perspectives on family assessment (Bailey & Simeonsson, 1988; Benson & Turnbull, 1986; Dunst, Trivett & Deal, 1988; McCubbin & Thompson, 1987).

Case Study: The teacher chose to use the Preassessment Planning Worksheet (see Appendix A, pages A-6 to A-12) with Kristi's birth parents to help them identify their priorities, concerns and individual preferences. This particular tool provided a structure for the teacher within which she could chose to informally ask particular questions in a number of broad categories. Family members had an opportunity to respond to some open ended questions about Kristi as well as to express their own preferences regarding the frequency and format of subsequent contacts, including the IEP meeting. A primary topic of discussion during the preasessment planning meeting was a concern raised by family members that involved the proposed return of their daughter to a school in their home district. They had been satisfied with the current self-contained program and felt very comfortable with the expertise of school staff. Their preference in moving to a school within their local area was a nearby parochial school, but the building was not accessible and could not accommodate Kristi's wheelchair. In helping the family with the prospective transition to the new school, the teacher suggested school staff and hospital therapy staff who could continue to be ongoing resources as well as an increase in the use of respite care, using United Cerebral Palsy as a source of support for special equipment.

Step 3: Child Assessment. Once child and family priorities and preferences have been shared during the preassessment planning phase, school staff and family members are in a position to better select relevant assessment tools and implement assessment strategies and methods that will provide the necessary information for IEP planning. Classroom teachers and consultative staff (e.g., communication disorders specialists, occupational therapists, psychologists) are actively involved in contributing discipline-specific assessment expertise relating to child strengths and needs in conjunction with or in addition to assessing the priority areas identified by families during the preassessment planning phase. Often, families are directly involved in the assessment through the completion of child checklists and inventories (see Appendix A). According to family member preferences, the results of these child assessments may be informally shared with the family and other team members prior to or during the subsequent IEP conference (see Step 4).

Case Study. An interest inventory, documenting the objects and activities motivating and reinforcing to Kristi, and a weekday/weekend schedule, listing Kristi's activities during nonschool hours, were completed by family members during the 1989-1990 planning process. These childbased checklists and inventories were available to the teacher and were not repeated for this year's planning conference.

Step 4: Collaborative Goal-Setting at the IEP Conference. The initial or annual IEP conference is conducted in a collaborative manner with the purpose of identifying child goals, instructional objectives and criteria for success. Family members are encouraged to identify and invite individuals they would like present at the conference, including but not limited to siblings, extended family members, friends, other care providers,

and appropriate school staff. Various methods may be used to achieve consensus on the priorities that will be addressed on the child's IEP. Selected examples include:

1. Family-focused interview (funnel approach questioning/active listening). (Bailey & Simeonsson, 1988; Simpson, 1990).

2. *McGill Action Planning System* (MAPS). (Forest & Lusthaus, 1987; Vandercook, York & Forest, 1989).

3. Listing and ranking child's strengths and needs (e.g., nominal group process technique). (Delp, Thesen, Motiwalla & Seshadri, 1977).

4. Any combination of the above.

Annual goal statements suggested by family members or by staff members with family approval, reflect the priorities discussed during the preassessment planning phase (see step 2) and those that emerged as a result of any discipline-specific child assessment that had been completed. Goals describe child progress in terms of desired, expected, and observable changes during the period of time the IEP is in effect (e.g., 12 months). Families may also choose to identify a family project that relates to the needs of their child. Actions, timelines, and team member responsibilities are also discussed and listed for these family projects.

A summary of the priority goals for the child and any family-identified project(s) discussed during the conference is included in the *Child and Family Plan* section (see following page and Appendix C-5) of the completed IEP. The Child and Family Plan is intended to be a written affirmation of the collaborative efforts of the planning team. The Child and Family Plan lists the priority goals for the child, indicates who identified the specific goals (family, staff, or both), specifies the family project(s), lists sources of support and resources upon which the family can draw , and details specific plan implementation information (e.g., who, what, when). The Child and Family Plan is completed and typed and mailed to the family within two days of the conference. A case study example of the components of an IEP, which includes a Child and Family Plan, is included in Appendix C. Each family receives a typed copy of the completed IEP, including the Child and Family Plan, within ten days. The sample presented in Appendix C includes several relevant areas of an IEP, in addition to the Child and Family Plan section, to illustrate how a child and family plan component can be easily integrated into existing IEP formats.

INDIVIDUAL EDUCATION PROGRAM
WORKSHEET

Child and Family Plan

The following is summary of our joint planning for _____ on _____
Child's Name (Date of IEP Conference)

LEARNER'S PRIORITY GOALS:	WHO IDENTIFIED GOALS? (family staff/both)

FAMILY IDENTIFIED PROJECT: _____

Type of project: ____ Interest only ____ Ongoing ____ Serious ____ Crisis

SOURCES OF FAMILY SUPPORT/RESOURCES: _____

PLAN(S)	PERSON(S) RESPONSIBLE	TIMELINE

Follow up with community agency/service ____ yes ____ no

Agency/contact person _____ Telephone _____

Review date _____ Review date _____ Review date _____
Rating _____ Rating _____ Rating _____

Progress rating scale (family determined progress):
1) Project completely accomplished to my/our satisfaction
2) Project partially accomplished; current plans are satisfactory
3) Plans begun, but not to my/our satisfaction
4) Situation changed; no longer a goal or project

Project FISC - District #742 Community Schools - St. Cloud, MN 56301

Case Study. Mrs. Kane, Kristi's mother, and staff, including the special education classroom teacher, occupational therapist, current district special education administrative designee and the home district special education director and elemetary principal attended the planning conference. The staff and family mutually identified priority goals for Kristi including increasing appropriate, effective communication, increasing mobility by rolling and supported crawling, increasing responses to visual and auditory stimulation and using technology to increase choice making and discrimination skills through purposeful head/foot movements. In addition, the family identified projects that involved their following up on Kristi's medical needs by obtaining a hospital bed and getting increased respite care.

Step 5: Ongoing Review of Program Plans. The IEP, including the Child and Family Plan section, is reviewed both formally and informally. School staff most directly involved with the child periodically check child progress based on IEP objective attainment criteria and encourage family members to self-report progress on IEP objectives during routine communication. Progress on child goals/objectives and family projects is shared during ongoing, informal home-school contacts and is formally documented during one annual review conference. Modifications or additions to the IEP and Child Family Plan may be discussed at any time, but typically occur during the annual review conference.

Case Study. The goals and the family projects that were identified and recorded on the Child and Family Plan portion of the IEP were discussed in terms of letting the parents take responsibility for informing the staff when they felt the family project goals were met or if any of the goals needed to be reconsidered or changed in any way. Staff supported the family's efforts to begin to work at establishing home-school communication channels within their home district that were similar to those that continued to be so important to them with staff members in the current self-contained classroom setting.

Evaluation of the FISC Planning Process (younger group)

Is the process making a difference?

Methods. The methods used in the evaluation of the FISC Individualized Family-Centered Planning Process focused on describing (a) how child and family priorities/goals were identified during the preassessment planning process, (b) who among either family members, staff, or both identified goals for the child, (c) what types of family identified projects resulted from the process, and (d) the family members' satisfaction and/or observations regarding the entire process. Since no pre-project baseline data was available, pre/post comparisons were not possible. Thus, the results primarily

describe what happened during the process with participating family members of children with moderate to severe disabilities.

The information used to describe the results of the planning process were gathered through two primary methods. First, upon completion of the IEP conference, either the FISC project family specialist or educational specialist contacted the family by phone to complete a semi-structured follow-up interview (see Appendix C-7). This contact typically occurred within one week following the conference, allowing sufficient time for the family to have received the mailed copy of the Child and Family Plan component of the IEP. A cover letter enclosed with the Child and Family Plan indicated that project staff would be contacting the family to ask about their observations and impressions of the entire process. The project staff had a list of questions to guide their discussion with family members. These questions are presented in Table 4.

The questions in Table 4 were not asked systematically with all families and were only used to help the project staff structure the phone contacts to insure that the information necessary for project evaluation was gathered. Also, the qualitative information obtained from these questions served as valuable input to Project FISC staff in determining whether adjustments needed to be made in the direction of the project activities (a form of summative evaluation). The information gathered from these phone interviews was supplemented by information gathered as part of the formal documentation of the preassessment planning process, as well as by frequent conversations between Project FISC staff and each child's case manager (typically the classroom teacher). The Project FISC staff used all of this information to organize and describe the activities that occurred prior to the IEP conference in the format presented in Appendix A (see "Record of Student/Family Assessment Tools Used in Individualized Assessment and Program Planning," page A-4).

The second major method used to gather information was the recording of who identified the child goals during the IEP conference (either a family member, special education staff, or both). All conferences were attended by either the program administer or administrative designee who recorded this information as it was shared.

Table 4

Questions Used to Facilitate Information Gathering During IEP Conference Follow-up Interview

- Did you get a chance to discuss your concerns for your child before the IEP conference?

- Did you complete any checklists or inventories from your child's teacher before the IEP conference? If yes, could you identify the name or content?

- Were you asked to play a role in your child's assessment?

- Did you notice any difference between this year's IEP conference and the conferences that you have participated in previously?

- Were your priorities for your child and family addressed at the IEP conference?

- Did you get an opportunity to discuss your priorities first during the conference or did the educational team begin by reporting assessment results and goals to you?

- Did your hear your concerns for your child and family formulated into goals and objectives? Did you feel that you had an important role in making decisions about your child's goals?

- Does your child or family have needs that were not addressed at the IEP conference?

- Were you comfortable with the number of people present at the conference?

- Were there people who were not present that you would have liked included?

- Were you comfortable with the time frame for the conference? *(not enough/just right/too long)*

Results. After eleven months of implementing the planning process, 33 different IEP conferences had been completed. Nineteen families had completed the planning process once, while the remaining 14 IEP conferences represented two different staffings that were held a year apart for seven of the families. The families who participated in the planning process as part of Project FISC consisted primarily of married couples (approximately 80%) who were the children's birth parents (approximately 80%). Approximately two-thirds of the children of these families were classified as having severe developmental disabilities, with the remaining third were classified as having moderate developmental disabilities. More detailed information about characteristics of the families who participated in this process as part of Project FISC have been reported elsewhere (see McGrew et al., 1989). Additional data that evaluated the efficacy of the FISC *Individualized Family-Centered Planning Process* in a sample of families of older children with moderate to severe disabilities is presented later in this section.

How were the child goals and family projects identified?

Results. The percent of occurrence of five primary preassessment planning activities prior to the 33 IEP conferences, as well as the total number of preassessment activities completed prior to the conferences, is presented in Table 5. A review of the information summarized in Table 5 suggests that there was considerable variability in how families and staff participated in the process of dentifying child and family priorities. Since a primary principle of the process is the need to individualize the activities for each family-staff partnership, the finding of significant variability is a positive one. That is, it appears that together different families and different staff followed various paths to identifying child goals and family projects.

Reflecting an emphasis on individualization, differences were noted in the number of activities in which families participated during the planning process. One preassessment activity was completed 21.2% of the time, two activities 39.4% of the time, and three activities 39.4% of the time. The finding that all families did not follow the same standard sequence of preassessment planning procedures suggests that together families and staff were successful in individualizing the process.

Table 5

Family Participation in Preassessment Activities[a]

Activity	Number	Percent
• Family participated in family-focused interview at home/school	22	66.7
• Family reviewed/discussed/completed family checklists/questionnaires	22	66.7
• Family identified areas for child assessment	15	45.4
• Family participated in an informal visit with staff	8	24.2
• Family reviewed/completed child inventories/ checklists	2	6.1
• Other	3	9.1

Note. 21.2% (n = 7) participated in one activity; 39.4% (n = 13) participated in two activities; 39.4% (n = 13) participated in three activities.

[a]Total number of completed IEP conferences was 33.

Consistent with research (Summers et al., 1990) that suggests family members may prefer a more informal conversational approach to assessment, one of the most frequently used preassessment activities (66.7%) was participation in a family-focused interview in the family member's home or at school. The finding that a equally large number of families (66.7%) reviewed or completed family checklists or questionnaires was surprising. Although it is impossible to partial out the extent to which this frequency may have been the result of the staff influencing the families to choose or not choose these methods, this high percentage may suggest that family inventories or questionnaires have an appropriate role in family-centered information gathering procedures. Even if one suspects that this frequency of use was due to staff members influencing the family to use these inventories based on the program's past practices of information gathering, and if one assumes that only half of this figure (approximately 33%) accurately represents families who chose to review or complete family inventories or questionnaires, this level of use is above that which one would predict from the literature.

Research has suggested a strong family preference for informal approaches to assessment (Summers et al., 1990), a finding that is sometimes translated into *not using any* of the available family checklists or inventories. The observation in the Project FISC families that a sizeable percentage of them utilized inventories and questionnaires to organize their thoughts and identify child and family priorities reinforces the need to recognize the individual preferences of families. Although measures of central tendency (e.g., means) in research studies may highlight the predominant preference for an informal approach to assessment, one must remember that an *individualized* approach by definition is more concerned with *variability* and not central tendencies of preferences.

The finding that a sizeable proportion of families reviewed or completed, and may have actually preferred to use family checklists and questionnaires, may be related to the informal manner in which the tools were shared in the FISC *Individualized Family-Centered Planning Process*. The preceding description of the process highlighted the use of the checklists and questionnaires as tools to aid in structuring an informal conversational process. Thus, the checklists and inventories were not used to produce scores within an inflexible, structured, or formal approach to assessment. Although future research is needed to more fully understand family members' preferences for using such instruments, the current findings would suggest that these instruments may

serve a valuable function for some family members and staff during information gathering and planning, particularly if used in a very flexible, informal manner.

Another indication that families were actively involved in the process was the finding that nearly half of the time (45.4%) families identified specific areas for child assessment. Based on their perception of their child's priority needs and interests, family members helped to identify specific areas of assessment. In contrast to traditional special education procedures where staff members are frequently viewed as "experts", and thus typically decide what needs to be assessed, the family-centered approach appeared to involve more families in this important aspect of information gathering, and aligned child assessment activities more closely with family priorities.

Although the other preassessment planning activities occurred less frequently, the finding that 6.1% of the time *child* inventories/checklists were used and informal home visits with staff occurred 24.2% of the time, continues to reinforce the theme of individualization of the process. Although only 24.2% of the families participated in an informal home visit as part of their preassessment planning, for the families involved in this activity this may have been a very important activity that matched their preferences for involvement. In any truly individualized approach to preassessment planning, any activity from the range of preassessment planning possibilities that is used by even one of the families is important. The observed variability in type and number of preassessment planning activities in which family members participated in is a positive finding that is indicative of the successful implementation of the individualized family-centered planning process supported by Project FISC. Even the finding that 9.1% of the time family members and staff were involved in a unique unclassifiable activity ("other" category in Table 4) further highlights the extent to which unique family and staff variables influenced the preassessment planning process.

The conclusion drawn from the information presented in Table 5 indicates that significant individualization occurred in how family members and staff proceeded through the planning process. The availability of a "menu" of different preassessment activities appears to provide family members and staff with a mechanism by which to more actively involve families in the entire information gathering and planning process, and a means by which to individualize the process.

Who identified the child goals and family projects?

Although no pre-project implementation data was available on who (family members, staff, or both) typically identified the goals on a child's IEP, the information gathering and planning process in place prior to the FISC project was similar to that present throughout much of special education. Research has typically described this process as primarily child-centered and directed by professionals, with parents being passive participants (Benson & Turnbull, 1986). The literature on parent participation in IEP conferences has found that approximately one third of parents feel that they help with the development of the IEP (McKinney & Hocutt, 1982), and that parents account for only 20% to 30% of the total conference contributions (Brickerhoff & Vincet, 1986; Goldstein, Strickland, Turnbull, & Curry, 1980). An indication of movement toward a more collaborative, family-centered approach to information gathering and planning would be the decrease in the proportion of the goals listed on a child's IEP identified primarily by staff, and an increase in the proportion of goals identified by family members, or by family members and staff together. Information on the percentage of goals identified by family members, staff, and family members and staff together is presented in Table 6.

A review of the information presented in Table 6 suggests significant movement toward a more family-centered collaborative approach. Less than half (43.9%) of the goals listed on the completed IEP, including the new Child and Family Plan portion, during the eleven months of project implementation were identified by staff members alone. This value is significantly lower than expected based on existing research that has described the involvement of parents at IEP staffings as very minimal, with staff controlling the conversations. A combination of goals identified by family members with those identified collaboratively by family members and staff can be interpreted as a valid index of the degree to which the process was collaborative and family-centered. When one combines the figures for goals identified by family members (32.4%) with goals identified collaboratively by family members and staff (23.7%), it totals 56.1%.

Although identification of goals is not the same as parent participation or decision-making in IEP conferences as defined in prior studies, 56.1% family involvement in goal identification compares very favorably with the 40% to 65% participation or decision-making involvement rates that have been reported as positive outcomes from other projects directed at increasing parent/family involvement (Brickerhoff & Vincet, 1986; Kovach & Kjerland, 1986). Although no pre-project baseline data was available for

Table 6

Percent of Child and Family Goals Identified by Family Members and Staff During Eleven Months of IEP Conferences[a]

Source of goals	Months 1-4	Months 5-8	Months 1-8
• Family	43.4 %	23.2 %	32.4 %
• Staff	45.4 %	42.7 %	43.9 %
• Family and staff	11.2 %	34.2 %	23.7 %

[a]Total number of completed IEP conferences was 33

comparison purposes, this finding suggests asignificant change in practice in this program's traditionally child-centered and staff directed assessment and planning procedures.

Another interesting finding in Table 6 was the apparent trend toward increased family/staff collaboration as the planning process was implemented. Comparison of the first four months of implementation of the planning process with the last four months found that there was a shift away from staff or family members' individually identifying goals toward increased family/staff collaboration in goal identification (a three-fold increase in goals identified by both family members and staff from 11.2% to 34.2%). When any new approach is implemented, staff attempting new procedures become increasingly effective with practice. These data suggest that as the staff became more familiar and comfortable with the process, they became more collaborative with families.

What types of family goals were identified?

As noted in the description of the *Individualized Family-Centered Planning Process*, an anticipated outcome was the collaborative identification of IEP goals, and the incorporation of family identified priorities in terms of family projects on the Child and Family Plan portion of the IEP. Thus, other potential indicators of the extent to which the process was family-centered and individualized would be (a) whether family members identified family projects as a result of the planning process, (b) whether these projects were in areas/environments not typically discussed during more traditional assessment and IEP conference procedures (e.g., behaviors and issues that surface in the home or community versus child behaviors in school settings), and (c) whether there was variability in the types of family projects that were identified. All family identified projects listed on the final 33 IEPs, including the Child and Family Plan portion, were classified into the 15 different categories presented in Table 7.

It can be seen from Table 7 that for almost all of the 33 IEP conferences, at least one family goal was included on the final written plan. The largest number of completed plans (60.6%) included one family identified goal, while 24.2% included two. Thus, the FISC *Individualized Family-Centered Planning Process* was successful in facilitating the identification and communication of specific goals or projects that were important to family members as evidenced by family identified goals in almost all of the IEP conferences (n=28; 84.8%). In addition, the finding that family members identified goals in six different areas, including the area of "other" which included a wide variety of goal types, suggests that the process addressed the individual priorities of families. More significantly, the identification of goals in suchbroad areas as economic concerns, adult education and enrichment, and child care indicates that the entire process was successful in supporting family members and staff in identifying family goal(s) that typically were not considered as topics for action plan discussion during traditional assessment and program planning processes.

The two largest categories of family identified goals or projects were related to child education (33.3%) and medical/dental (42.4%) needs. Within these broad categories significant differences were noted in the type of goals. Within the child education category, various goals were identified such as "helping the family modify their child's behavior so he would not leave home without permission," "working on dressing skills at home," "working on toilet training," and "communication (sign language)," among others.

Table 7

Number and Percent of Family Identified Goals by Goal Area for Completed IEP Plans[a]

Area	Number	Percent
• Medical/dental	14	42.4
• Child education	11	33.3
• Child care	5	15.2
• Other	3	9.1
• Adult education/enrichment	2	6.1
• Economic	1	3.0
• Food/clothing	0	0.0
• Transportation/communication	0	0.0
• Vocational	0	0.0
• Legal	0	0.0
• Recreation/leisure	0	0.0
• Emotional	0	0.0
• Cultural	0	0.0
• Parent/child relationships	0	0.0
• Family/school relationships	0	0.0

Note. 15.2% (n =5) of completed plans included no family identified goals; 60.6% (n=20) included one family identified goal; 24.2% (n=8) included two family identified goals.

[a]Total number of completed IEPs was 33 (26 families, of which seven completed two conferences).

The medical/dental goals included such projects as "arranging for a physical therapy evaluation," "scheduling a medical evaluation to address the family's concern about frequency of seizures," "scheduling an appointment to discuss the pros and cons of a possible gastrostomy," "obtaining a hospital bed for use in the home," and others.

Consistent with a family needs survey completed during the first year of the FISC project (McGrew et al., 1989), a number of families identified significant concerns in the area of child care. Of the 15.2% of the completed plans that included goals in the child care area, almost all related to securing or increasing respite care services for the family. Family goals in the economic, adult education and enrichment, and other categories reflected a wide degree of variability in projects not typically discussed or addressed at traditional IEP conferences. Sample goals included "finding help in paying medical bills", "finding a way for parents to learn sign language in the community," "securing equipment that would allow their child with a disability to eat at the table with the family," "modifying the family's bathroom to facilitate bathing," and "revising a child's sleeping patterns at night."

In summary, the findings that almost all of the IEP conferences resulted in the identification of at least one family identified goal or project, that family concerns differed widely as evidenced by the variety of goals that were addressed, and that these goals would typically not have been considered legitimate topics for inclusion on a formal plan (despite their salience for the families), suggest that the FISC *Individualized Family-Centered Planning Process* is a potentially useful approach to implementing the principles that operationally define family-centered collaborative planning.

How did families feel about the process ?

Responses to a number of the follow-up questions (see Table 4) suggests that many family members reacted very positively to the planning process. Although the information presented in Table 8 is subjective and not amenable to quantification, the perceptions conveyed by the comments suggests that many families were generally pleased with the entire process, experienced a genuine sense of collaboration, felt that they had made important contributions to planning for theirchild, recognized that the staff was genuinely concerned with the family members' priorities, and felt that they were actively directing the focus of their child's educational program.

Table 8

Family Member Qualitative Judgements Regarding the FISC Individualized Family-Centered Planning Process

Comfort level in the relationship[a]

"This year I felt more at ease. It wasn't so formal or difficult for me. It was more a friendly discussion."
"It felt good."
"Discussed my child as a person...what he likes...much better than years before."
"This was the first time when I didn't feel put down about my thoughts about my daughter. My husband even made a suggestion."

Locus of control[a]

"I really was satisfied this year. Other years I left and felt like I didn't do enough; this year was different."
"Everybody has different ideas. I'm the best advocate for my child."
"They asked me what my personal priorities are for my child and how they could help with that."
"They asked what was important for my child, and I got to tell them."
"I did more talking than staff."
"They asked my opinion on stuff."
"My opinion seems important to them."
"They allowed us to direct the program."
"Our child was the center...they got the information from us to make the decisions."
"The teacher made me feel like my thoughts were what she needed to make a good program for our son."

Collaborative partnership between parents and professionals[a]

"The teacher really seems interested in what I want and we make plans together."
"Goals were mutually agreed upon...the teacher listens to me and works it out."
"We all did this together."
"It was more casual because there was not so much reporting of information. There was more open discussion."
"Parents talk more...in the past all of the staff talked and we didn't...everyone contributed."

Satisfaction with the process

"The checklists were helpful to use to organize our thoughts and help us think about things we maybe wouldn't have thought of."
"I was given plenty of time to think and talk about my concerns."
"Pleased...I was very pleased."

[a]These categories represent areas of family empowerment that emerged as a result of the factor analysis of a home-school survey (see McGrew & Gilman, 1991b) that was also administered as part of Project FISC.

An additional source of information on the family members' response to the planning process is reported in another Project FISC report (McGrew & Gilman, 1991a). Briefly, 35 primary caregivers of children involved in Project FISC provided both pre/post project evaluation data (McGrew & Gilman, 1991a; McGrew et al., 1989). These primary caregivers responded to four program satisfaction survey questions at the end of the project, two of which directly evaluated their satisfaction with the program planning process.

When asked: "Overall, how satisfied are you with the process to plan your child's educational program?", 60.0% responded "very satisfied", 25.7% were "mostly satisfied", 8.6% were "mildly satisfied", and 5.7% were "quite dissatisfied". Together, 85.7% were either "mostly" or "very" satisfied" with the planning process. When asked: "Would you change anything about the meetings and activities that were part of planning your child's program?", 54.3% responded "no, definitely not", 34.3% indicated "no, I don't think so", 2.9% indicated "yes, I think so", and 8.6% indicated "yes, definitely". The vast majority (88.6%) indicated that they would not change the planning process.

On both of these satisfaction questions, over 85% of the respondents viewed the planning process that they had experienced as satisfying and something they would not change. Although there is still room for improvement (approximately 15% were "less than satisfied"), such a high level of positive response to the planning process reinforces the qualitative responses listed in Table 8. Family members appeared to view the FISC Individualized Family-Centered Planning Process as a positive and beneficial educational planning process

Staff Responses to the Planning Process

Staff Evaluation

A survey was sent to the staff who were involved in implementing the FISC Individualized Family-Centered Planning Process in order to elicit qualitative information on how the program was perceived and how it could be improved if it were to continue to be implemented. None of the eight staff members who responded to the survey stated that the process should be discontinued. Seven of the 8 respondents answered "yes" when asked if the preassessment process should be continued. Preassessment planning added demands of extra time, new skills and an increased commitment to listen to

family members, yet almost all staff answered affirmatively to the question as to whether the process was important enough to continue. Qualifications by the one staff person who neither endorsed nor rejected the preassessment process included a concern about the time commitment. Comments accompanying the evaluation stressed that the manner in which the process is implemented would need to depend on the characteristics and needs of the teacher and of the family members, emphasizing again the need for individualization of the process. The perceptions of the staff members about the FISC planning process are summarized in Table 9. Staff were asked how they changed or adapted their program planning process to work more effectively with families and what information, activity, process or support made the greatest difference in their thoughts about and interactions with family members.

The two teachers who were able to implement the FISC planning process in a least restrictive, full inclusion program site felt preassessment could fit into the regular parent conference format, giving those parents a more normalized sense of the process. It was pointed out by one of them, however, that in implementing programming in the least-restrictive environment, the frequent contact staff has with the family members makes them more aware of ongoing needs and goals and it (preassessment planning) may be more valuable or necessary with families who are new to the program.

Several components of family-centered practices were listed (individualization, acknowledging each family's strengths, valuing each family's input and priorities, informal and nonobtrusive assessment and planning, and principles of enablement and empowerment) in an effort to determine if there were staff concerns regarding these principles or practices. Issues that were raised by staff included concerns about having the time to follow-up with family members, having equal access to all families and not having adequate guidelines to resolve parent/staff differences. In addition, some staff members felt that eliciting information about families made them feel like they were prying and that even if measures were designed to be nonobtrusive, assessments of family strengths/values in particular seemed to be inappropriate. Staff were more comfortable when issues came up naturally, but some staff members were struggling with which areas were appropriate for staff attention.

Table 9

Staff Member Qualitative Judgments Regarding the FISC Individualized Family-Centered Planning Process

Changes in staff implementation of the program planning process

"I review (survey/checklist) information and focus on questions in an informal way. (The) comfort level is greatly increased."

"I use visuals and write down information from team members."

"I really utilize preassesment to gain parent information."

"I contact parents (many times) prior to the IEP meeting to get them involved in the process."

"I get information from parents during preassessment, then outline and highlight each area during the staffing. This saves a lot of time and gives parents more time to think and add more during the (intervening) weeks."

"I try to discuss strengths, weaknesses and possible goal areas in the context of a typical day rather than just reporting assessment information or test scores."

"I try to make the conferences more family directed and to be more conscious of allowing choices/options."

Factors contributing to changes in family-staff interactions

"Preassessment. It is truly teamwork. When family members are a part of what is going on in school, we see so much more carryover at home."

"The contact with families has helped build a more knowledgeable relationship about how the family functions."

"Peer support and mini sessions with project staff or with those who have tried this new approach (illustrates) how different staff have become more family-focused."

"I like the emphasis on parent decision making and parent involvement. Parents should be the key people at staffings."

Advisory Board Evaluation

The FISC community advisory board was also asked to evaluate their role in the project and to comment on what they believed to be the most important outcomes of Project FISC. The purpose of the advisory committee was to clarify project goals and procedures, to provide ongoing input over the three year project period and to establish and strengthen links between family needs and appropriate resources in areas such as respite care, advocacy, health care, counseling and recreation and leisure. The advisory board was comprised of representatives from schools and community agencies and 100% of those who responded felt their advisory group was representative of individuals and programs concerned about families of children with special needs. The composition of the committee included parents, Project FISC staff, school staff, special education administrators and representatives from a local hospital, county public health, county social services, a parent advocacy group, the local interagency early intervention committee and community education. Six of the 10 respondents represented school districts and 3 represented community agencies. Two family members were also represented, one of whom was also a service provider. Sixty percent (n=6) of the advisory board members responding to the survey felt they had an impact on guiding project outcomes; two felt their impact was unknown and two others felt they did not have an impact (due in part to changing representation on the board with a relatively late assignment of one person to the board). Two thirds of them felt that formally meeting twice a year was just right in terms of meeting frequency; the other third felt that they did not meet often enough, particularly toward the end of the project. It is encouraging that these members were either satisfied with the frequency of meetings or were willing to give more of their time even though almost half of them indicated meeting times were often inconvenient or lacked sufficient lead-time. All but one of the respondents (90%) felt that there was evidence of recent changes in home-school-agency relationships based on family-centered philosophies and practices. Advisory members shared a number of ideas regarding their perceptions of the most important outcome of Project FISC with most of them focusing on the increased participation of parents or family involvement. All of them rated the FISC information resources that were shared with them throughout the project period as being interesting and useful.

Supplementary Project Evaluation Data

Application of the planning process with children who were older

As previously described, the focus of Project FISC was on families of young children with moderate to severe disabilities who were served in the District 742 Community Schools' Adaptive Living Program. These families were involved in all phases of the project. However, early in the project a decision was made by local staff to implement the FISC *Individualized Family-Centered Planning Process* at all age/grade levels in the school district's special education program, that is, the Adaptive Living Program. Thus, at no additional cost to the project, all local staff involved in the education of older elementary (i.e., older than 10 years of age), junior high, or senior high students with moderate to severe disabilities were provided staff support in the FISC *Individualized Family-Centered Planning Process*. These staff members chose from among the same options when planning with families.

To evaluate the implementation of this process at these age/grade levels, the same post-IEP conference evaluation data that was collected from the families of the younger students was also collected from these additional families. The gathering of this parallel data provided the opportunity (a) to evaluate the extent to which the planning process could be implemented with staff and family members of older children with disabilities; (b) to cross-validate the results in another group; and (c) to investigate whether any differences exist in families with different aged children regarding the type of family priorities they may identify and how they proceed with staff through the planning process. This information is organized in the same manner as the information presented earlier on the families of younger students who with their families participated in Project FISC

In addition to presenting evaluation data for this supplementary sample (i.e., the *older* sample), the data already presented for the FISC preschool and young elementary group (i.e, *younger* sample that comprised Project FISC) is repeated for comparison, as well as the combined data across the two groups (i.e., *total* group). Formal statistical comparisons between the older and younger groups are not reported since the interpretation of results would be difficult. That is, the two groups differed on a wide variety of variables (e.g., staff experience, age of family members, age of student, higher staff turnover during the duration of the project). Detailed differences between the two

groups on these and other variables could not be analyzed since this information was not collected.

How were the child and family projects identified?

Tables 10 and 11 present the frequency and percentage of occurrence of the five primary preassessment planning activities prior to the IEP conferences, as well as the total number of preassessment activities completed. The results presented in Tables 10 and 11 reveal both similarities and differences in the frequency of use of five preassessment planning activities between the two groups. As noted in Table 11, it appears that the families of older children and the staff working with them used more of the preassessment activities. None of the staff and families with children in the younger group completed more than three preassessment planning activities, while 21.6% of the staff and families with older children completed four such activities. In contrast, nearly twice as many in the younger group (21.2%) relied on only one preassessment planning activity as compared to the older group (11.8%).

The most noticeable difference between the groups was the frequent use of family-focused interviews by family members and staff in the older group (92.2%) when compared to the younger group (66.7%). The other noticeable difference was the greater use of child inventories/checklists by family and staff in the older group (49.0%), and a much smaller frequency of use in the younger group (6.1%). In contrast, the family members and staff of the younger group made greater use of informal visits (24.2%) when compared to the older group (5.9%). Collectively, these findings suggest that together family members and staff of children in the older group made more frequent use of more structured preassessment planning procedures (viz., child and family inventories/checklists/questionnaires, focused interviewing instead of informal visits). Whether this difference was due to family members of older children and youth preferring a more structured approach, or the staff working with these older students imposing more of their preferences on the process, or a combination of both, is unknown and is an area requiring additional research.

Table 10

Family Participation in Preassessment Activities by and Across the Younger and Older Groups[a]

Activity	Younger number (%)	Older number (%)	Total number (%)
• Family participated in family-focused interview at home/school	22 (66.7)	47 (92.2)	69 (82.1)
• Family reviewed/ discussed/completed family checklists/questionnaires	22 (66.7)	38 (74.5)	60 (71.4)
• Family identified areas for child assessment	15 (45.4)	21 (41.2)	36 (42.9)
• Family participated in an informal visit with staff	8 (24.2)	3 (5.9)	11 (13.1)
• Family reviewed/completed child inventories/checklists	2 (6.1)	25 (49.0)	27 (32.1)
• Other	3 (9.1)	0 (0.0)	3 (3.6)

[a]Activities are ordered from high to low as determined for the younger group, the primary focus of the FISC Project.

Table 11

Number of Preassessment Activities in Which Families Participated by and Across Younger and Older Groups

Number of preassessment activities	Younger number (%)	Older number (%)	Total number (%)
• One	7 (21.2)	6 (11.8)	13 (15.1)
• Two	13 (39.4)	18 (35.3)	31 (36.9)
• Three	13 (39.4)	16 (31.4)	29 (34.2)
• Four	0 (0.0)	11 (21.6)	11 (13.1)

Who identified the child goals and family projects?

Information on the percentage of goals identified by families, staff, and family and staff together is presented in Table 12. The information presented earlier for the younger group was very positive, based on the finding that 56.1% of the child and family goals were identified by family members, either by themselves or in collaboration with the staff. When compared to other indices in the special education literature regarding parent involvement in program staffings, this level of family involvement is seen as a very positive finding. When the additional information is included from the older group, this finding is even more encouraging. Across both groups (total in Table 12), approximately two-thirds (66.5%) of the child and family goals were identified either by family members (39.5%) or family members in collaboration with the school staff (27.0%).

Table 12

Percent of Child and Family Goals Identified by Family and Staff During Eleven Months of IEP Conferences by and Across Younger and Older Groups[a]

Source of goals	Younger	Older	Total
Family	32.4	44.1	39.5
Staff	43.9	26.8	33.5
Family and staff	23.7	29.1	27.0
Family plus family and staff combined	56.1	73.2	66.5

Note. Numbers are in percent.

[a]Total number of completed IEP conferences was 33 (younger); 51 (older); 84 (total).

Only one third of the child and family goals on the IEPs were identified by staff alone. A comparison of the older group with the younger group in table 12 suggests that the major difference between the two groups was the higher frequency of goal identification by family members themselves, and the relatively smaller number of goals identified by

staff for the older group. As discussed above, possible reasons for this difference are numerous and impossible to explain with the current available data. Regardless of the reason for this difference, the findings across both groups suggests that the FISC *Individualized Family-Centered Planning Process* results in significant family involvement and family-staff collaboration in goal identification.

What type of family goals were identified?

Information on the number and type of family goals included on the completed IEPs is presented in Tables 13 and 14. A review of all the information presented in both tables validates the prior conclusion for the younger group that the FISC *Individualized Family-Centered Planning Process* results in very personalized plans for most all families. In addition to the six goal areas reported for the younger group (medical/dental, child education, child care, adult education/enrichment, economic, and other), the completed plans for the older group also included goals in such diverse areas as transportation/communication, vocational, legal, recreation/leisure,emotional, and family/school relationships. The increased number of goal areas for the families of older children and youth with disabilities most likely reflects the different priorities that emerge for families as their children age. For example, the need to develop transition plans for movement of young adults into working and living arrangements in the community and the increasing concern about how these individuals will be taken care of once the youth's parents age, raise a number of new concerns for families in the areas of vocational training, transportation around the community, legal guardianship, trusts, estate planning, and more. Although the number of family identified goals on the completed plans was not appreciably different between the two groups (see Table 13), there does appear to be increased variability in the type of goals identified for the older group. Despite these apparent age differences, across both groups the most frequently identified family priorities were consistently in the areas of medical/dental care and child education.

Table 13

Number and Percent of Family Identified Goals by Goal Area on Completed IEP Plans by and Across Younger and Older Groups).[a]

Area	Younger number (%)	Older number (%)	Total number (%)
Medical/dental	14 (42.4)	6 (11.8)	20 (23.8)
Child education	11 (33.3)	23 (45.1)	34 (40.5)
Child care	5 (15.2)	2 (3.9)	7 (8.3)
Other	3 (9.1)	6 (11.8)	9 (10.7)
Adult education/ enrichment	2 (6.1)	1 (2.0)	3 (3.6)
Economic	1 (3.0)	5 (9.8)	6 (7.1)
Food/clothing	0 (0.0)	0 (0.0)	0 (0.0)
Transportation/ communication	0 (0.0)	1 (2.0)	1 (1.2)
Vocational	0 (0.0)	1 (2.0)	1 (1.2)
Legal	0 (0.0)	5 (9.8)	5 (6.0)
Recreation/leisure	0 (0.0)	2 (3.9)	2 (2.4)
Emotional	0 (0.0)	1 (2.0)	1 (1.2)
Cultural	0 (0.0)	0 (0.0)	0 (0.0)
Parent/child relationships	0 (0.0)	0 (0.0)	0 (0.0)
Family/school relationships	0 (0.0)	1 (2.0)	1 (1.2)

[a]Goal areas are ordered from high to low as determined for the younger group, the primary focus of the FISC project.

Table 14

Total Number of Family Identified Goals on Completed IEP Plans By and Across Younger and Older Groups

Number of family identified goals	Younger number (%)	Older number (%)	Total number (%)
None	5 (15.2)	9 (17.6)	14 (16.7)
One	20 (60.6)	32 (62.8)	52 (61.9)
Two	8 (24.2)	9 (17.6)	17 (20.2)
Three	0 (0.0)	1 (2.0)	1 (1.2)

How did families feel about the process?

The qualitative judgments of the family members of older children with disabilities presented in Table 15 mirror those presented for the families of the younger children. A review of the comments in Table 15 reveals that family members were very pleased with the entire process, appreciated the informal preassessment planning prior to the formal IEP conference, felt a sense of joint ownership and responsibility, felt they were actively listened to by staff, and felt very actively involved in directing the focus of their child's education program. When combined with the qualitative impressions reported for the younger group (Table 8), it appears that the FISC *Individualized Family-Centered Planning Process* produces favorable responses from families of children with moderate to severe disabilities across the entire age range, responses that are suggestive of trends toward an increased sense of family empowerment.

Table 15

Family Member Qualitative Judgments Regarding the FISC Individualized Family-Centered Planning Process - Older group

Locus of control[a]

"We said what we wanted done...rather than just school's ideas."

"More thorough this year...I had a little more say...they know more which way to go."

"The teacher makes us feel a part of this whole process and now we have a new direction set for our child."

"I'm just as important as school's input."

"I felt I had more of a role...more input this year."

"I feel like I'm a part of all decisions being made for my child."

"The school made me feel like I had set the direction for the future."

"They wanted to know a lot about our ideas for him."

"Much different this year. This year I talked, other years I had to listen and say 'yes'."

"My role seemed very important to them. They really wanted my opinion about my son."

Collaborative partnership between parents and professionals[a]

"That's how we got the goals...from the teacher and me together."

"They seemed to be learning from us."

"I didn't feel reported at. It was very informal, everyone was sharing."

Satisfaction with the process

"The conference went so smoothly, and it was an efficient use of our time because we had already discussed most of the issues with the teacher during two planning sessions."

"I really like that visit before the conference."

"This year's conference was much better than others because it was more to the point. From my visit with the teacher, a lot of the information had been discussed and she used that information at the staffing."

"It really helped having that meeting before the conference."

[a]Categories from the factor analysis of the FISC Home-School Survey (McGrew & Gilman, 1991 b; in press)

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Appendix A

Preassessment Planning Methods/Tools

Preassessment Planning Methods/Tools

1. Planning Your Child's Educational Program
   (District 742 Community Schools, Project FISC, 1990, see page A-5)

2. Preassessment Planning Worksheet
   (District 742 Community Schools, Project FISC, 1990; see pages A-6 to A-12)

3. The Family's Assessment Focus[a]
   (Project Dakota, 1988; see page A-13)

4. McGill Action Planning System (MAPS)[c]
   (Forest & Lusthaus, 1987; Vandercook, York & Forest, 1989)

5. Child Based Checklists and Inventories
   (District 742 Community Schools, 1989; see pages A-14 to A-16)

6. Family Checklists or Questionnaires[a] (see Appendix B)

   a. Family Identified Priorities/Needs

      1. Family Needs Survey (Bailey & Simeonsson, 1988)[b,c]

      2. How Can We Help ? (Child Development Resources, 1988)[b,c]

      3. Parent Needs Survey (Seligman & Benjamin-Darling, 1989)[b,c]

      4. Family Needs Scale (Dunst et al., 1988)[b,c]

      5. Family Resource Needs (Project Dakota, 1990. see page A-17)

   b. Family Social Support

      1. Family Support Scale (Dunst et al., 1988)[b,c]

      2. ECO-Map (Hartman, 1978)[b,c]

c. Family Strengths or Functioning Style

1. Family Strengths Inventory (Stinnett & Defrain, 1985)[c]

2. Family Functioning Style Scale (Dunst et al., 1988)[c]

d. Home-School Survey
(District 742 Community Schools, Project FISC, 1990; see pages A-18 to A-20).

e. Family Preferences

1. Family Likes/Dislikes Survey (Project Alliance, 1989; see pages A-21 to A-23).

[a] If any of these instruments are used during preassessment, the purpose of the instrument and suggestions on how to use it by the family are explained to families verbally and in writing. The brief description presented on the following page (A-3) is a sample written explanation.

[b] These assessment tools are included in Guidelines and Recommended Practices for the Individualized Family Service Plan published by NEC*TAS and ACCH (1989) as well as in their original sources.

[c] Tools/methods listed here that are not included in this appendix are briefly described beginning on page A-24.

Sample Explanation Provided To Families Who Use Family Checklists/Questionnaires

Family Assessment Focus

This questionnaire (checklist, survey) is intended to assist you (your family) in identify ing and prioritizing different types of help or assistance for your child and your family as a whole. Whether and how you use this questionnaire (checklist, survey) is up to you. You might do any or all of the following:

- read it over for ideas,
- answer each question,
- discuss the items with other family members, or
- meet with school staff to talk about your concerns.

This questionnaire (checklist, survey) does not have right or wrong answers and you do not need to return your responses to school. Feel free to contact the school staff if you have any questions.

Thank you for investment of time in planning for your child's IEP conference.

Note. Specific wording is changed to reflect the content of a document that is shared with the family members. Adapted from Project Dakota (1988) "The Family's Assessment Focus" (see page A-13).

Record of Student/Family Assessment Tools Used in Individualized Assessment and Program Planning

Student Name _____

Classroom Teacher _____

Academic Year _____

	Shared With Family In Discussion	Family Agreed To Review On Their Own	Optional Return Date	Respondent(s)
Child Related Checklists/Inventories (Record name of tool)				
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
Preassessment Questionnaires				
1. Preassessment Planning Worksheet				
2. Planning Your Child's Educational Program				
3. The Family Assessment Focus				
4. Other _____				
Family Identified Priorities/Projects				
1. Family Needs Survey				
2. How Can We Help?				
3. Parent Needs Survey				
4. Family Needs Scale				
5. Family Resource Needs				
6. Other _____				
Sources of Family Support/Resources				
1. Family Support Scale				
2. ECO-Map				
3. Other _____				
Family Functioning Style				
1. Family Strengths Inventory				
2. Other _____				
Family Likes/Dislikes				
1. Family Likes/Dislikes Survey				
2. Other _____				

COMMENTS:

PLANNING YOUR CHILD'S EDUCATIONAL PROGRAM
A Family-Centered Approach

It is our belief that family input is critical in planning a student's educational program. Werecognize that each child and family have unique strengths and capabilities. We also realize thatyour family can best determine the role you might play in helping your child grow and develop.

Before your child's next IEP conference on _____, we would like to give you anopportunity to begin identifying your priorities, strengths and resources. Your responses to thefollowing questions will assist us in cooperatively planning how we will meet your child's andfamily's goals together.

You may choose what information you want to share. You should never feel that you have toprovide any information about your child or family that you are not comfortable in sharing. Thisfreedom of choice is the basis of our partnership.

As an individual or as a family, please consider ...

- What are the three most important things (goals) you would like your child to be able to do right now?

- What are the most important things your family could work on to help your child reach these goals?

- What are the barriers, if any, that are preventing your family and child from accomplishing these goals?

- Who could you turn to for information, assistance and support in meeting these goals?

- What do you, as an individual and as a family, do well that could help you and your childbe successful inreaching your goals?

PREASSESSMENT PLANNING WORKSHEET

Student's Name _____

	Name	Relationship
Family Members Participating in Planning	_____	_____
	_____	_____
	_____	_____

	Name	Role
Staff Members Participating in Planning	_____	_____
	_____	_____
	_____	_____
	_____	_____

Date of Preassessment Planning Meeting_____

_____In School Visit _____ Home Visit _____ Telephone Contact

---

1. Family's Perspective of child's capabilities and interests:

2. Child characteristics:

3. Current medical and/or previous assessment information:

4. Family's concerns about their child: (list all and prioritize the most important with *)

5. Barriers for the family, if any, in meeting the needs of their child:

6. Family's strengths/sources of support in meeting the needs of their child: (consider informal networks as well as formal agency/service supports).

7. Family's preference for completing written child or family checklists and inventories:

8. Family's preference for routine home-school communication (telephone, notebook, visit, how often?)

9. Family's concerns/priorities (see question #4) to be assessed and by whom:

10. Plan for sharing assessment information with family and other team members:

11. Family's role during the program planning conference:

12. Family's preference for conference format:

13. People the family would like to attend the conference:

Preassessment Planning

The following are possible questions that could be used during preassessment to explore the broader categories.

1. **Family's perspective of child's capabilities and interests:**
   - What do you enjoy about your child?
   - What does your child do well?
   - What pleases you the most about your relationship with your child?

2. **Child characteristics:**
   - Tell me about _____ as if I'm meeting him/her for the first time.
   - What does your child like, dislike; people he/she enjoys being with; favorite toys/activities.
   - Explore other child characteristics - adaptability, acceptability, demandingness, mood, distractibility, activity level, sibling/parent relationship, communication mode, etc.

3. **Current medical and/or previous assessment information:**
   - Has anything changed since the last doctor's/dentist's visit?
   - Are there concerns other professionals are following up on - neurologist, county social worker, hospital P.T./O.T., etc.
   - Have you observed any changes in your child's behavior - sleep, seizures, eating, etc.

4. **Family's concerns about their child**: (List all and prioritize the most important with *)
   - What would you like your child to be able to do in the next few months/year?
   - What do you wish your child could do now?
   - What skill(s) would help your child be more independent at home and in the community?

5. **Barriers for the family, if any, in meeting the needs of their child**:
   - What gets in the way for your family or yourself in meeting the needs of your child?
   - Time, money, not knowing about services, etc., are often mentioned as barriers. Have you experienced any of these obstacles?
   - Your family would like to do _____ but hasn't because:
   - Would you like information or support in overcoming the barriers or family concerns you have identified?
   - What/who would be most helpful (family project —> action plan)?

6. **Family's strengths/sources of support in meeting the needs of their child: (consider informal networks as well as formal agency/service supports)**
   - What interests or activities do you enjoy as individuals and share as a family?
   - Who/what helps when you are facing a difficult situation?
   - Has any person/agency been especially supportive of your family?

7. **Family's preference for completing written child or family checklists and inventories:**
   - Your input is so valuable in planning your child's IEP. What is your preferred way to share informa tion with school staff (phone calls, notebook, visits, etc.)?
   - Would it be helpful for you to read over and think about checklist items, complete inventories, etc., in organizing your thoughts about your child's priorities?
   - If family said they would complete inventories, give some examples of how that information would be used in planning their child's program.

8. **Family's preference for routine home-school communication (telephone, note book, visit, how often?):**
   - In past years, notebooks have often been used for ongoing communications between home and school. Would another method work out better for you? (List options for parents that you are com fortable with - occasional note, phone call every 2-3 weeks, etc.)

9. **Family's concerns/priorities (see question 4) to be assessed, and by whom:**
   - Which of the concerns for your child would you like school staff to assess?
   - Would you like to be involved in assessing the concerns you identified?
   - Would you like program consultants (music therapy, communications specialist, P.T., O.T., vision, D.A.P.E., technology) to specifically address/assess any of your concerns for your child? Whichone(s)?

10. Plan for sharing assessment information with family and other team members:

- The results of the assessment will help in planning your child's IEP. Would you like that information to be shared before or during the IEP conference?
- Would you like to meet with the P.T., O.T., communication specialist, D.A.P.E., music therapist, etc., after the assessment is completed to discuss their information further?
- Are there other reports that you have received from doctors, etc., that would be important for planning your child's program?

11. Family's role during the program planning conference:

- How would you like the information you have just shared during preassessment to be discussed at the IEP conference? You can choose the type of role you're comfortable with during the conference. Some families like to lead the discussion, others like to add comments along the way, and others prefer to listen. What would you feel comfortable with?

12. Family's preference for conference format:

- Some conferencing activities that we have used include videotape clips, listing qualities of students, discussing hopes/dreams and fears (MAPS), informal discussion of priorities and others_____(your activity).
- Would it be helpful to have your priorities summarized for the group on paper or in conversation during the conference?

13. People the family would like to attend the conference:

- Who would you like to invite to your child's conference? Think about anyone significant in the life of your child - sisters, brothers, aunts, uncles, grandparents, friends, care providers, service providers, agency representatives, or any other school staff.
- Would you like your daughter/son to attend her/his conference?

The Family's Assessment Focus

(from Project Dakota)*

Child's Name:_____ Date: _____

My Name: _____ Relationship to Child: _____

1. I describe my child in this way:

2. Our relationship or time together is:

3. My child enjoys and is interested in:

4. When interacting with other children, my child:

5. A typical day with my child includes:

6. What puzzles me about my child:

7. Recent progress or changes I have seen in my child include:

8. My child communicates with me by:

9. The most challenging aspect of raising my child is:

10. I would like my child to learn or get better at:

11. I would like help with:

*Project Dakota Outreach, (1988) 680 O'Neill Drive, Eagan, MN 55121

Child Based Checklists and Inventories

The assessment and information gathering tools that are described here were selected as representative of the array of existing published and teacher-developed tools in use by the Adaptive Living Program in District 742 Community Schools, St. Cloud, MN.

Adaptive Living Program Exploratory Conference Home Profile
An extensive home inventory covering a wide range of domains targeted primarily toward learners who are two to ten years of age with multiple disabilities.

Bracken Basic Concept Scale
A diagnostic scale (below 7 years 11 months) that measures basic colors, comparatives, directions, materials, positions, qualities, relationships, sequences, shapes, sizes, textures, time and social or emotional states and characteristics.

Brigance Diagnostic Inventory of Basic Skills
An inventory of basic skills to assess basic readiness and academic skills in key subject areas from kindergarten to sixth grade levels.

Bruininks-Oseretsky Test of Motor Proficiency
An individually administered test to assess the motor functioning of learners from four and a half to fourteen and a half years of age who do not have severe physical disabilities.

Communication Sample: Formal
An individualized assessment procedure that emphasizes what learners can do rather than what they lack. A communication sample of a minimum of 50 utterances recorded in a least two different situations forms the basis for determining learner abilities and needs.

Communication Sample: Informal
An assessment procedure used with learners who are demonstrating intentional behaviors and attempting to communicate with others informally (i.e., gestures, vocalizations, body movements).

Curriculum for Profoundly Handicapped Students (CPH)
A curriculum referenced assessment tool for use with learners who are functioning below the two year level.

Functional Academics-Adaptive Living Program
Rating scales to evaluate learner performance in the areas of personal information, numbers, vending machine use, money skills, use of the telephone and time skills.

Impact
A functional curriculum that contains two environmental inventories designed to gather information about home and school environments.

Individualized Functional Curriculum Assessment Procedure (Home Inventory)
An instrument that uses an environmental inventory approach to yield a detailed analysis of a learner's home and community environments.

Insite
A nonstandardized, criterion-referenced checklist designed for use on an ongoing basis in the learner's home/school environments that covers gross motor, fine motor, cognitive, communication, social-emotional, self-help, vision and auditory areas. It provides valuable information for younger learners in the birth to 10 year old range.

Interest Inventory
A tool to document the objects and activities that are reinforcing and motivating for a learner.

Life Space Assessment-Community
A rating scale to evaluate shopping, sit down restaurants, fast food restaurants, transportation, pedestrian safety, community mobility and community social skills.

Life Space Assessment-Domestic
A rating scale to evaluate clothing care, personal health, meal preparation and housekeeping.

Life Space Assessment- Recreation/Leisure
A rating scale to evaluate general skills, roller skating, public library use, bowling, game arcade and general leisure activities.

Life Space Assessment-Vocational
A rating scale to evaluate work behaviors, specific vocational skills, endurance, time on task and production rates.

Non Speech Test for Receptive and Expressive Language
A test used to summarize a learner's skills as a communicator, whether speech or nonspeech is utilized for communication.

Peabody Picture Vocabulary Test (PPVT)
A standardized test to measure receptive (hearing) vocabulary.

Pragmatic Checklist
An observational checklist to evaluate communication abilities with a conversational/social context.

Reading-Free Vocational Interest Inventory
A picture inventory measuring vocational likes and dislikes.

Reinforcement Inventory
A portion of the Behavior Assessment Guide that lists potentially reinforcing events with a checklist of how much the learner enjoys the activities that are described.

Tact
A set of materials that provides information on assessment, program planning and progress monitoring for learners who utilize simple technology to establish possible causal relationships between their actions and changes in the environment.

Therapy Assessment
Assessments by occupational and/or physical therapists to assess musculoskeletal structure/range of motion, muscle tone/reflexes, gross motor skills, fine motor/perceptual motor skills, sensory status, mealtime skills, and adaptive equipment/orthotic devices.

Vulnerability Assessment
A tool to document learner vulnerability in the areas of sexual, physical, verbal or self abuse, financial and property and disabilities.

Weekday/Weekend Schedules
An inventory about learner activities during nonschool hours including times, environments and the level of assistance necessary to complete specific tasks/activities.

Family Resource Needs

(from Project Dakota)[a]

1. What concerns you most about your child or caring for your child?

2. Do you need information or assistance for weekday, weekend, and overnight child care or respite?

3. Would you like more information or assistance regarding medical/health services?

4. Do you want information or assistance with rehabilitation services or adaptive equipment?

5. Would you find it helpful to hear about different types of financial assistance for medical costs or other expenses that you have?

6. Would you like (more) assistance in finding resources, working out problems with agencies, or getting more appropriate services, transportation or communication with agencies?

7. Is there other information you are looking for now?

[a]Project Dakota Outreach (1990), 680 O'Neill Drive, Eagan, MN 55121

FISC Home-School Survey
(from Project FISC)

A twelve item survey was developed as a brief instrument to measure changes in a family's perceived sense of empowerment. The two versions of the survey, one for staff and one for family members, were intended to explore the differences/ similarities in staff and parent perceptions regarding the degree to which parents are empowered as well as the changes in staff and parent perceptions following the implementation of Project FISC, which was designed to facilitate more collaborative interactions between family members and school staff. The items were based on Dunst et al.'s (1988) review and synthesis of "help seeking" and "help-giving" behaviors that resulted in 12 guidelines for offering help that are associated with enabling and empowering families. The development of the survey and the results from the pre- and post-tests completed as part of Project FISC are described in a separate publication (see McGrew & Gilman, 1991b). Each item in the survey represents one of the 12 guidelines associated with parent empowerment and is rated on a five point scale from "strongly agree' to "strongly disagree". Both versions of the survey are included in the following pages.

Fisc Home-School Survey: Staff Version

The purpose of this survey is to determine how you feel about your relationship with the parents of your students. Parents are being asked to respond to a comparable survey. Your responses will be anonymously tallied. The feedback will assist school personnel to improve their efforts in working with children and their families. Please indicate the extent to which you agree or disagree with the following twelve statements. Base your ratings on your contacts with families during the past year. Please answer all items. Thank you.

Strongly Agree (1) Somewhat Agree (2) Neither Agree nor Disagree (3) Somewhat Disagree (4) Strongly Disagree (5)

		Strongly Agree				Strongly Disagree
1.	I care about each student and his/her family	1	2	3	4	5
2.	Parents are comfortable with the suggestions I provide for working with their child at home	1	2	3	4	5
3.	I can anticipate a family's concerns and needs	1	2	3	4	5
4.	Parents and I concur on what is important in their child's school program	1	2	3	4	5
5.	Parents make the most important decisions about changing or continuing their child's school program	1	2	3	4	5
6.	The suggestions/advice that I give to parents require a lot of work	1	2	3	4	5
7.	I encourage parents to contact their family and friends when they need advice	1	2	3	4	5
8.	The suggestions I provide to parents for working with their child at home produce quick results	1	2	3	4	5
9.	The suggestions that I have given to parents have helped them to deal with similar concerns without my assistance	1	2	3	4	5
10.	I would feel comfortable seeking advice from a parent of a student in my classroom/program	1	2	3	4	5
11.	Parents should be given the most credit for the progress their children have made	1	2	3	4	5
12.	It is difficult to work together with parents when planning their child's school program	1	2	3	4	5

Comments:

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Fisc Home-School Survey: Family Version

The purpose of this survey is to determine how you feel about your relationship with the school staff who have worked with your child. Your feedback will help us evaluate and improve our efforts. Please indicate the extent to which you agree with each of the following twelve statements. Base your ratings on your contacts with the school staff during the past year. Please answer all items. Rate each statement on the following five-point rating scale:

Strongly Agree (1) Somewhat Agree (2) Neither Agree nor Disagree (3) Somewhat Disagree (4) Strongly Disagree (5)

		Strongly Agree				Strongly Disagree
1.	The school staff care about my child and family	1	2	3	4	5
2.	The school staff's suggestions for working with my child at home make me feel uncomfortable	1	2	3	4	5
3.	The school staff anticipate our family's concerns and needs	1	2	3	4	5
4.	The school staff and I differ on what is most important in my child's school program	1	2	3	4	5
5.	I am the person who makes the most important decisions about changing or continuing my child's school program	1	2	3	4	5
6.	I seldom ask the school staff for advice because their suggestions require too much work	1	2	3	4	5
7.	The school staff encourage me to contact my family and friends when I need advice	1	2	3	4	5
8.	The school staff's suggestions for working with my child at home seldom produce quick results	1	2	3	4	5
9.	By following the school staff's suggestions I have learned how to deal with similar concerns without their assistance	1	2	3	4	5
10.	I would feel uncomfortable giving the school staff advice if they asked me for assistance	1	2	3	4	5
11.	I feel I should be given the most credit for the progress my child has made	1	2	3	4	5
12.	It is difficult to work together with the school staff when planning my child's school program	1	2	3	4	5

Comments:

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Family Likes/Dislikes

(from Project Alliance)[a]

As parents, you have a wealth of information about your family that is helpful to school staff who work with your child, including information about what your family likes and dislikes and how members interact with each other. This is information that helps you and staff form meaningful goals for your child.

SECTION 1: GAMES AND ACTIVITIES

Mark the following activities that best describe your family

1. Our family enjoys:

___ • listening to and/or making music together
___ • listening to and/or reading stories together.
___ • camping
___ • playing quietly together using toys and/or table games
___ • spending time outdoors
___ • doing athletic activities (walking, running, swimming, baseball, basketball, bike riding, etc.)
___ • going to sporting events together
___ • watching TV and movies together
___ • spending time with friends
___ • spending time with relatives
___ • going to church
___ • going out to eat
___ • laughing and telling jokes
___ • eating meals together
___ • doing messy activities
___ • other:

Complete the following sentences.

2. I would like to do (activity) with my family, but haven't been able to because

3. Our favorite family activities are

[a]from Project Alliance, (1989) University of Illinois

SECTION 2: INTERACTIONS WITH THE FAMILY

Place a check under the most appropriate response for your family at this time

	Usually	Sometimes	Not Now
4. Our family laughs together			
5. Our family gets along well with each other			
6. Our family respects each other			
7. Our family helps each other			
8. Our family likes being together			
9. Our family discusses problems			
10. Our family "plays" together			
11. Our family spends a lot of time together			
12. Our children behave well			
13. Our children get along well			
14. Our other children accept our child			
15. Our family follows a daily routine			
16. Our family likes to cuddle			
17. Other			

Complete the following sentences.

18. When my children do something bad, I

19. When my children do something good, I

20. I wish that my family

21 Thinking of the above kinds of interactions, I'm glad that my family

*from Project Alliance (1989) University of Illinois

SECTION 3: INTERACTIONS WITH PEOPLE AND THE ENVIRONMENT

Place a check under the most appropriate response for your family at this time

	Usually	Sometimes	Not Now
22. Our relatives understand and help when we need them			
23. Our friends are understanding and helpful			
24. Our doctor/nurse/dentist is understanding and helpful			
25. Our church is understanding and helpful			
26. Our family spends time with friends			
27. Our family goes on outings			
28. Our family tries new things			
29. Other			

Complete the following sentences:

30. I wish that _____ were more understanding and helpful.

31. Having understanding and helpful _____ makes life much easier or pleasant for my family.

SECTION 4: SUMMARY

Circle all of the following that pertain to your family in general

32. By nature, my family is:

• easy going • shy • argumentative • active • quiet • happy • outgoing • serious • calm

Complete the following sentences.

33. Life would be easier if only my child could

34. I'd most like to change _____ about my family.

35. The thing that I like most about my child is

36. The thing I like most about my family is

*from Project Alliance (1989) University of Illinois

Descriptions of Selected Family Assessment Tools/Methods

The assessment tools that are described here are those listed on pages A-1 through A-2 as family assessment tools/methods that have not been reproduced in this appendix. These tools/methods, as well as those that are included in this appendix, represent some of the tools that family members and staff in Project FISC had available to them as options as they progressed through the planning process with families. References for these and many other assessment tools are also included in Appendix B.

McGill Action Planning System (MAPS)
(Forest & Lusthaus, 1987; Vandercook, York & Forest, 1989)

The *MAPS* process includes seven key questions that provide structure for a team that includes children as well as adults to plan for the inclusion of an individual child who has been identified as having special needs into everyday activities and routines in regular settings. These questions address (1) the individual's history, (2) dreams for the individual, (3) nightmares others have regarding the individual, (4) descriptors of the individual, (5) strengths, gifts and abilities of the individual, (6) needs of the individual and (7) descriptions of an ideal day for the individual and how to make it happen.

Family Needs Survey (Bailey & Simeonsson, 1988)

The *Family Needs Survey* lists various needs that have often been expressed by parents of children.with special needs. Included are needs for information, support, help in explaining the child's condition to others, community services, financial support, and help in improving family functioning. Family members rate each of the 35 items on a three point scale that indicates a "definite need for help", "unsure of need" and "no need for help" so that professionals are in a better position to address needs that are of concern to a particular family.

How Can We Help ? (Child Development Resources, 1988)

The *How Can We Help?* questionnaire is designed to give family members an opportunity to let staff know how to best provide support that is most helpful for the family. It consists of several open-ended questions that allow family members to express their pleasures, worries and future goals for the child and themselves as well as a rating scale. Family members can express what they "would like" in several categories by rating that they "have enough", "would like more" or are "not sure". The rating categories include needs for information, help with child care, information about community services, medical and dental care, talking about the child to others and help in planning for future transitions.

Parent Needs Survey (Seligman & Benjamin-Darling, 1989)

The *Parent Needs Survey* was designed to elicit parents' needs and desires in particular areas in order to improve the delivery of services to families, even though all of the listed needs may not realistically be addressed by a program. The 26 needs (plus ample space to list and rate additional items) are not categorized but are listed as statements such as " "Day care so I can get a job", "Problems with friends and neighbors", "More information about behavior problems". Each statement is rated by a parent(s) on a three point scale that includes "I really need some help", "I would like some help, but my need is not that great", and "I don't need any help".

Family Needs Scale (Dunst et al., 1988)

The *Family Needs Scale* lists 41 items that permit family members indicate their extent of need for particular types of help or assistance. The areas are not subdivided by category but include statements such as " Having money to buy necessities and pay bills", "Getting a place to live", Planning for future job of my child", "Getting respite care for my child" and "Finding someone to talk to about my child. Items may be rated as "not applicable" or on a five point scale that indicates the extent of need from "almost never", "seldom", and "sometimes" to "often", and "almost always".

Family Support Scale (Dunst et al., 1988)

The *Family Support Scale* lists people and groups that are often helpful to members of a family raising young children. Each of eighteen listed persons or groups is rated in terms of how helpful each has been recently as a source of support in childrearing. Possible sources of support listed include parents, spouse, friends, co-workers, relatives, church members, school or day-care center and professional agencies. Support can be rated as "not available" or on a five point scale that indicates the degree of helpfulness that ranges from "not at all helpful", "sometimes helpful",and "generally helpful" to "very helpful" and "extremely helpful".

ECO-Map (Hartman, 1978)

An *ECO-Map* provides a graphic picture of potential sources of family support for meeting family needs. Various circles of the ECO-map represent different people and agencies. The visualization process begins with a circle including the family members and extends to cirles that include relatives, professional staff, and institutions/agencies. Family members indicate whether ties with various individuals/agencies are strong or close and thus a possible source of support as well as those that are tenuous or a possible source of stress or friction.

Family Strengths Inventory (Stinnett & Defrain, 1985)

The *Family Strengths Inventory* has a series of statements intended to assist a famiy in identiry-ing their family strengths in areas that include spending time together, commitment, appreciation, communication, spiritual wellness and dealing with crises and stress. Family members rate each statement on a five point scale that indiates the extent to which their family possesses various

qualities. Each area that is characteristic of strong families is further developed in terms of establishing goals, strategies and timelines.

Family Functioning Style Scale (Dunst et al., 1988)

The *Family Functioning Style Scale* is designed to measure two aspects of family strengths including the extent to which a family is characterized by various qualities and the manner in which different combinations of strengths define a family's unique functioning style. The scale is based on qualities of strong families from the literature and is organized for scoring/profiling into three categories of family identity, information sharing and coping/resource mobilization that are further subdivided. The 26 items are rated on a five point scale that indicates to what extent the family member(s) perceive each statement to be like their family. Items such as "No matter how difficult things get, our family sticks together" and "We try to solve our problems first before asking others for help" are rated from being "not at all like my family", "a little like my family", "sometimes like my family" to "generally like my family", and " almost always like my family".

Appendix B

Family Assessment Scales and Methods

(from McGrew, Gilman & Johnson, 1990
unpublished manuscript,
Minneapolis: University of Minnesota
Institute on Community Integration)

The review of assessment scales and methods that are included here was completed as part of a comprehensive review of available instruments relating to family assessment issues undertaken as part of Project FISC. This review was initially prepared as a handout for staff training and information dissemination purposes by the Institute on Community Integration, a University Affiliated Program at the University of Minnesota, Minneapolis. Project staff compiled additional information on most of these scales, including reported information on their reliability and validity, some of which will soon be available in published form (see reference for McGrew, Gilman & Johnson, in press).

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Family Assessment Scales/Methods

Review of Assessment Instruments and Methods

The need to broaden the focus of assessment to include family members not only as active participants in the assessment process, but also as targets of the assessment, is a significant change from traditional service delivery systems that have tended to be professionally-driven and focused on child characteristics and needs (Bailey & Simeonsson,1988; Dokecki & Heflinger, 1989; Dunst et al., 1988). Professionals are faced with the need to learn new skills in working with families and in sensitively and appropriately conducting assessments in a variety of family domains.

A barrier to effective family assessment is a lack of technically sound functional assessment tools (Bailey & Simeonsson, 1988). As a result, there is a clear need to evaluate the state-of-the-art in family related assessment instruments. Not only is such an instrument review important for identifying potentially useful methods and tools for practitioners and families to use in developing IFSPs , but also to identify instruments that may assist in evaluating the effectiveness of programs directed at meeting family needs (Dokecki & Heflinger, 1989).

Included in this section is a list of family assessment scales and methods. The instruments are organized according to several broad assessment areas presented in the accompanying table. Although instruments are only listed in one assessment area, many of the instruments tap more than one family assessment domain.

The manner in which the listed instruments are used depends on the purpose of the assessment. Formal completion of the instruments and the calculation of scores may be appropriate and necessary in certain programs, especially as it relates to gathering objective data for program evaluation. Conversely, the instruments may be used only as tools for organizing and prioritizing information in a more informal, dynamic interactive assessment process. This latter approach is consistent with the principles of empowerment, individualization, and focus on process which are critical in the implementation of family-centered assessment and collaborative planning (Bailey & Simeonsson, 1988; Benson & Turnbull, 1986; Dunst et al., 1988; Summers et al., in press). This latter approach is consistent with The FISC *Individualized Family-Centered Planning Process.*

Family Assessment Areas Related to the Development of Individualized Family Service Plans

Family Life Cycle Change
- Normative (developmental) changes and stages of family and family members
- Non-normative (structural, functional, sociohistorical changes)

Family Environment
- Extent to which environment stimulates child development
- Family and home climate
- Parent and child interactions
- Physical characteristics of home

Family Identified Priorities and Needs
- Priorities, needs, projects or goals that a family considers important
- Economic
- Medical and dental
- Child care
- Adult education and enrichment
- Recreation and leisure
- Legal and law
- Vocational and employment

Family Strengths or Functioning Style
- Unique family resources
- Individual and family roles, functions, competencies
- Appraisal and perceptions
- Interaction processes (cohesion, adaptability, communication)
- Problem solving and coping strategies.

Family Social Support
- Support resources provided by a family's informal and formal, community and social networks
- Five components (constitutional, relational, functional, structural, satisfaction)

Family Characteristics and Structure
- Membership characteristics
- Cultural style (ethnicity, religion, SES, geographic location)
- Ideological style (beliefs and values)

Child Behavior and Characteristics
- Age
- Type and severity of disability
- Temperament, readability
- Personal competencies (physical, cognitive, social, adaptive, maladaptive)

Family and School Relationships
- Communication
- Degree of collaborative planning
- Type of parent-professional relationship

Note: This table is based upon a review of a variety of perspectives on family assessment (Bailey & Simeonsson, 1988; Benson & Turnbull, 1986; Dunst, Trivette & Deal, 1988; McCubbin & Thompson, 1987). The brief comments are intended to give an idea of what is represented by each area rather than a comprehensive listing.

Assessment Scales Listed Within Broad Domains

Family Life Cycle Changes

1. *Critical Events Checklist* - Bailey & Simeonsson (1988a)
2. *Family Distress* - McCubbin & Patterson (1981)
3. *Family Inventory of Life Events and Changes* - McCubbin, Patterson & Wilson (1983)
4. *Family Stressors* - McCubbin & Patterson (1982); McCubbin, Patterson & Wilson (1982)
5. *Life Experiences Survey* - Sarason, Johnson & Siegel (1978)
6. *Parenting Stress Index* (*Life Stress Scale*) - Abidin (1986)
7. *Recent Life Changes Questionnaire* - Rahe (1975)
8. *Social Readjustment Ratings Questionnaire* - Holmes & Rahe (1967); Rahe, Lundberg, Bennett & Theorell (1971); Rahe (1975)

Family and Home Environment

1. *Family Environment Scale* - Moos (1981)
2. *Henderson Environmental Learning Process Scale* - Henderson, Bergan & Hurt (1972)
3. *Home Quality Rating Scale* - Meyers, Mink & Nihira (1981)
4. *Nursing Child Assessment Training Scales* - University of Washington School of Nursing (1978)
5. *Teaching Skills Inventory* - Rosenberg, Robinson & Beckman (1984)

Family Identified Priorities and Needs

1. *Comprehensive Evaluation of Family Functioning Scale* - McLinden (1990)
2. *Family Information Preference Inventory* - Turnbull & Turnbull (1986)
3. *Family Needs Scale* - Dunst, Cooper, Weeldreyer, Snyder & Chase (Dunst, Trivette & Deal, 1988); NEC*TAS & ACCH (1990).
4. *Family Needs Survey* - Bailey & Simeonsson (1985; 1988a; 1988b); NEC*TAS & ACCH (1990).
5. *Family Resource Scale* - Leet & Dunst (Dunst, Trivette & Deal, 1988); Dunst & Leet (1987); Dunst, Leet & Trivette (1988)
6. *FISC Family Needs Survey* - Institute on Community Integration (1989a)
7. *How Can We Help?* - Child Development Resources (1988); NEC*TAS & ACCH (1990)
8. *Impact-on-Family Scale* - Stein & Riessman (1980)
9. *Parent Needs Inventory* - Fewell, Meyer, Schell & Vadasy (1981); Vadasy, Meyer, Fewell & Greenberg (1985); Robinson & DeRosa (1980)

10. *Parent Needs Survey* - Seligman & Darling (1989); NEC*TAS & ACCH (1990).
11. *Parenting Stress Index* (*Parent Domain Scales*) - Abidin (1986)
12. *Personal Projects Analysis* - Little (1983)
13. *Prioritizing Family Needs Scale* - Finn & Vadasy (1988)
14. *Quality of Life* (*Parent Form*) - Olson & Barnes (1982)
15. *Questionnaire on Resources and Stress* - Holroyd (1974; 1987; 1988)
16. *Questionnaire on Resources and Stress* (*Short Form*) - Friedrich, Greenberg, & Crnic, (1983)
17. *Resource Scale for Teenage Mothers* (1988) - Dunst, Leet, Vance & Cooper (Dunst,Trivette & Deal, 1988)
18. *Support Functions Scale* - Trivette & Dunst (Dunst, Trivette & Deal, 1988)
19. *Survey for Parents of Children with Handicapping Conditions* - Moore, Hamerlynck, Barsh, Spicker & Jones (1982).

Family Strengths and Functioning Style

1. *Coping-Health Inventory for Parents* - McCubbin, McCubbin, Nevin & Cauble (1983)
2. *Family Adaptability and Cohesion Evaluation Scales* - Olson, Portner & Lavee (1985)
3. *Family Adjustment Survey* - Abbott & Meredith (1986)
4. *Family APGAR* - Smilkstein (1978)
5. *Family Coping-Coherence Index* (part of FIRA-G)- McCubbin, Larsen & Olson (1982)
6. *Family Concept Assessment Method* - van der Veen (1960; 1969)
7. *Family Crises Oriented Personal Evaluation Scales* - McCubbin, Olson & Larsen (1981)
8. *Family Environment Scale* - Moos & Moos (1981); Holahan & Moos (1982; 1983); Billings & Moos (1982)
9. *Family Evaluation Form* - Emery, Weintraub, & Neale, (1980)
10. *Family Evaluation Scale* - Lewis, Beavers, Gossett & Austin (1976)
11. *Family Functioning Index* - Pless & Satterwhite (1973)
12. *Family Functioning Style Scale* - Deal, Trivette & Dunst (Dunst, Trivette & Deal, 1988)
13. *Family Hardiness Index* (part of FIRA-G) - McCubbin, McCubbin & Thompson (1986)
14. *Family Inventory of Resources for Management* - McCubbin, Comeau & Harkins (1981)
15. *Family Satisfaction* - Olson & Wilson (1982)
16. *Family Strengths* - Olson, Larsen & McCubbin (1982)
17. *Family Strengths Inventory* - Stinnett & Defrain (1985)
18. *Family Time and Routines Scale* - McCubbin, McCubbin & Thompson (1986)

19. *McMaster Family Assessment Device* - Epstein, Baldwin & Bishop (1983)
20. *Self-Report Measure of Family Functioning* - Bloom (1985).

Family Social Support

1. *Carolina Parent Support Scale* - Bristol (1984)
2. *Cohesion Subscale from Family Environment Scale* - Moos & Moos (1981); Sarason, Shearin, Pierce & Sarason (1987)
3. *Daily Interaction Rating Form* - Hirsch (1979a; 1980)
4. *Exercise: Social Support* - Summers, Turnbull & Brotherson (1985); NEC*TAS & ACCH (1990).
5. *Family Support Scale* - Dunst, Jenkins & Trivette (1984); Dunst, Trivette & Deal (1988); NEC*TAS & ACCH (1990).
6. *Health and Daily Living Form-Social Functioning and Resources Scale* - Moos, Cronkite, Billings & Finney (1988); Billings & Moos (1981).
7. *Interpersonal Support Evaluation List* - Cohen, Mermelstein, Kamarack & Hoberman (1983); Sarason, Shearin, Pierce & Sarason (1987); Cohen & Hoberman (1983)
8. *Interview Schedule for Social Interaction* - Henderson (1981); Henderson, Byrne & Duncan-Jones (1981); Sarason, Shearin, Pierce & Sarason (1987); Henderson, Duncan-Jones, Byrne & Scott (1980)
9. *Inventory of Parent Experiences* - Crnic, Ragozin, Greenberg & Robinson (1981); Kirkham, Schilling, Norelius & Schinke (1986)
10. *Inventory of Social Support* - Trivette & Dunst (Dunst, Trivette & Deal, 1988)
11. *Inventory of Socially Supportive Behaviors* - Barrera, Sandler & Ramsay (1981); Sandler & Barrera (1984); Stokes & Wilson (1984); Cohen & Hoberman (1983)
12. *Maternal Social Support Index* - Pascoe, Loda, Jeffries & Earp (1981)
13. *Norbeck Social Support Questionnaire* - Norbeck, Lindsey & Carrieri (1981)
14. *Perceived Social Support from Friends and Family* - Procidano & Heller (1983)
15. *Perceived Support Network Inventory* - Oritt, Paul & Behrman (1985)
16. *Personal Network Matrix* (1 & 2) - Trivette & Dunst (Dunst, Trivette & Deal, 1988)
17. *Personal Resource Questionnaire* - Brandt & Weinert (1981)
18. *Psychosocial Kinship Inventory* - Pattison, DeFrancisco, Wood, Frazier & Crowder (1975)
19. *Quantitative Social Support Index* - Billings & Moos (1981; 1982); Holahan & Moos (1982); House & Kahn (1985)
20. *Relative and Friend Support Index* - McCubbin, Larsen & Olson (1982)
21. *Social Network Index* - Berkman & Syme (1979); House, Robbins & Metzner (1982)
22. *Social Network List and Network Density Grid* - Kazak & Marvin (1984); Stokes (1983)
23. *Social Network Questionnaire/List* - Hirsch (1979a; 1980)
24. *Social Network Rating Scale* - Hirsch (1979a)

25. *Social Relationship Scale* - McFarlane, Neale, Norman, Roy & Streiner (1981); McFarlane, Norman, Streiner & Roy (1983)
26. *Social Support Index* - McCubbin, Patterson & Glynn (1982)
27. *Social Support Questionnaire (A)* - Sarason, Levine, Basham & Sarason (1983); Sarason, Shearin, Pierce & Sarason (1987); Sarason, Sarason, Shearin, & Pierce (1987)
28. *Social Support Questionnaire (A) (Short Form)* - Sarason, Sarason, Shearin & Pierce (1987)
29. *Social Support Questionnaire (B)* - Schaefer, Coyne & Lazarus (1981)
30. *Support System Map* - Hirsch (1979b; 1980)
31. *Work Environment Scale*—Work Relations Index - Holahan & Moos (1982; 1983); Billings & Moos (1982)

Family and School Relationships

1. *FISC Home-School Survey (Family & Staff versions)* - Institute on Community Integration & St. Cloud Community Schools (1989b)
2. *Home-School Communication Preference Inventory* - Turnbull & Turnbull (1986)
3. *Observation Scale of Parent-Professional Interaction* - Chase, Weeldreyer, Cooper & Dunst (1987b)
4. *Parent Observation of Parent-Professional Interaction Scale* - Chase, Weeldreyer, Cooper & Dunst (1987a)
5. *Parent's Feelings about a Parent-Teacher Interaction* - Walker (1989)

Other or Miscellaneous

1. *Assessment Guide for a Family Systems Approach* - Benson & Turnbull (1986)
2. *Child Expectation Scale* - Dunst & Trivette (1986)
3. *Dyadic Adjustment Scale* - Spanier (1976)
4. *Family Adjustment Survey* - Abbott & Meredith (1986)
5. *Family Assessment Interview Guide* - Turnbull & Turnbull (1986)
6. *Family Index of Regenerativity and Adaptation: General* - McCubbin (1987)
7. *Family Interaction Scale* - Faunce & Riskin (1970)
8. *Family Measurement Techniques* - Bagarozzi (1986)
9. *Family Relationship Inventory* - Michaelson, Bascom, Nash, Morrison & Taylor (1982)
10. *Health and Well-Being Index* - Dunst (1986a)
11. *Inventory of Family Feelings* - Lowman (1980)
12. *Life Satisfaction Scale* - Dunst & Vance (1986)
13. *Observation Scale of Family Empowerment* - Snyder, Chase, Cooper, Weeldreyer, Dunst & Cooper (1987)
14. *Parent Self Awareness Scale* - Snyder, Weeldreyer, Dunst & Cooper (1987)
15. *Personal Allocation Scale* - Dunst (1986b)
16. *Questions for Promoting Implementation of the Assessment and Intervention Process* - Dunst, Trivette & Deal (1988)

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Appendix C

Sample IEP Including the Child and Family Plan

Sample IEP Including the Child and Family Plan

Selected sections of an individual education plan (IEP) are reproduced and partially completed for a student as a case study in order to illustrate how the Child and Family Plan can be incorporated into existing, traditional IEP formats. Various special education needs that have been identified for Kristi, a 9 year student with very challenging needs, are included under section E on present levels of performance. Although assessment results and objectives, attainment criteria and baseline information are reported in the IEP they are not included in this condensed version of Kristi's IEP but form the basis of the case study information that is included here and in the main body of this document. The general goals and family projects that were identified by staff and family as part of the FISC Individualized Family-Centered Planning Process are included in the Child and Family Plan section. The specific goals that relate to instructional objectives and timelines are illustrated in the section under annual goals and objectives.

Case Study: Kristianna Kane

Background Information: The Kane family is a family of five living in a small town in a rural community. Mr. Kane works in sales and frequently travels for business purposes. Mrs. Kane works part time at a job that has flexible hours. Both parents, who are in their 30s, have always lived in this area of the state. The Kanes have three daughters who are 9, 5, and 2 years of age. Their oldest child, Kristi, has multiple disabilities and requires one-to-one attention for her physical care and much of her instruction. Kristi has low vision and uses a wheelchair for mobility. Kristi is a very friendly, sociable child who communicates by vocalizing, head movements and smiling. For the last six years, Kristi has been bused to a self-contained special education program in a metropolitan area.

Initial Contact: Kristi has had the same teacher for three of the six years that she has attended the self-contained special education program. Her classroom teacher made several phone contacts with Kristi's parents prior to the preassessment planning stage. The planning process for this year is best viewed as a continuation of the informal home-school contacts that were initiated three years earlier.

Presassessment Planning: The teacher chose to use the Preassessment Planning Worksheet (see Appendix A, pages A-6 to A-12) with Kristi's parents to help them identify their priorities, concerns and individual preferences. This particular tool provided a structure for the teacher within which she could chose to informally ask particular questions in a number of broad categories. Family members had an opportunity to respond to some open ended questions about Kristi as well as to express their own preferences regarding the frequency and format and of subsequent contacts, including the IEP meeting. A primary topic of discussion during the preassessment planning meeting was a concern raised by family members that involved the proposed return of their daughter to a school in their home district. They had been satisfied with the current self-contained program and felt very comfortable with the expertise of school staff. Their preference in moving to a school within their local area was a nearby parochial school, but the building

was not accessible and could not accommodate Kristi's wheelchair. In helping the family with the prospective transition to the new school, the teacher suggested school staff and hospital therapy staff who could continue to be ongoing resources as well as an increase in the use of respite care, using United Cerebral Palsy as a source of support for special equipment.

Child Assessment: An interest inventory, documenting the objects and activities motivating and reinforcing to Kristi, and a weekday/weekend schedule, listing Kristi's activities during nonschool hours, were completed by family members during the 1989-1990 planning process. These child based checklists and inventories were available to the teacher and were not repeated for this year's planning conference.

Collaborative Goal Setting at the IEP Conference: Mrs. Kane, Kristi's mother, and staff including the special education classroom teacher, occupational therapist, current district special education administrative designee and the home district special education director and elementary principal attended the planning conference. The staff and family mutually identified priority goals for Kristi including increasing appropriate, effective communication, increasing mobility by rolling and supported crawling, increasing responses to visual and auditory stimulation and using technology to increase choice making and discrimination skills through purposeful head/foot movements. In addition, the family identified projects that involved their following up on Kristi's medical needs by obtaining a hospital bed and getting increased respite care.

Ongoing Review of Program Plans: The goals and the family projects that were identified and recorded on the Child and Family Plan portion of the IEP were discussed in terms of having the parents take responsibility for informing the staff when they felt the family project goals were met or if any of the goals needed to be reconsidered and changed in any way. Staff supported the family efforts to work at establishing home-school communication channels within their home district that were similar to those that had been so important to them in the self-contained classroom setting.

INDIVIDUAL EDUCATION PROGRAM (IEP)

A. LEARNER INFORMATION

Learner Name (Last, First, M.I.)	Birthdate	Sex	Grade
Kane, Kristianna		F	

Learner ID Number	Learner's Primary Language	School of Enrollment	School Telephone
	NONE	ELEMENTARY	( ) -

Current Address (Street, City, State, Zip)	Phone	District #
	( ) -	

Permanent Address (If Different Than Above)	District #

B. PARENT/GUARDIAN INFORMATION

Name(s) of Parent(s)	Home Phone	Other Phone
	( ) -	( ) -

Address (If Different Than Learner's Permanent Address)	Home Primary Language	District #

Name(s) of Guardian(s)/Surrogate Parent(s)	Check One:
	[ ]Guardian(s) [ ]Surrogate Parent(s)

Address (If Different From Learner's Permanent Address)	District #	Home Phone	Other Phone
		( ) -	( ) -

C. IEP INFORMATION

IEP Manager Name	Telephone Number	Date of Last Comprehensive Assessment
	( ) -	

IEP Type:	Primary Handicapping Condition	Secondary Handicapping Condition
[ ]Initial [X]Annual [ ]Interim	MODERATELY-SEVERELY MENTALLY HANDI.	PHYSICAL OR OTHER HEALTH IMPAIRMENTS

Federal Child Count Setting: IV	Anticipated Periodic Review Date:	Location: FOSTER PARENT HOME

D. IEP PLANNING MEETING

DATE OF PLANNING MEETING:

TITLE	NAMES OF ALL TEAM MEMBERS	IN ATTENDANCE YES/NO
PARENT		YES
ADMINISTRATOR/DESIGNEE		YES
SPECIAL EDUCATION TEACHER		YES
SPECIAL ED. DIRECTOR		YES
DISTRICT ELEM. PRINCIPAL		YES
VISION CONSULTANT		NO
OCCUPATIONAL THERAPIST		YES
COMMUNICATION DISORDERS SPECIALIST		YES

IEP format from District 742 Community School's Adaptive Living Program, St. CLoud, MInnesota

E. Present Levels of Performance and Special Education Needs

1. Intellectual Functioning

5/89: Psychological Assessment (Slossen, Wisconsin Behavior Rating Scale, Scales of Independent Behavior)
11/90: INSITE
Special Education Needs: *To increase sensorimotor and awareness skills*

2. Academic Performance

Informal Assessment Results
a. Physical education, b. Music, c. Social Studies
Special Education Needs: *To develop cognitive skills through sensory and motor activities assisted by technology*

3. Communication Status

11/90: Informal communication sample
Special Education Needs: *To increase auditory and visual skills for interaction with others*

4. Motor Ability: fine motor and gross motor

11/90: Occupational/physical therapy assessment; range of motion measurements
Special Education Needs:*To increase optimal performance during school activities through therapeutic positioning and handling techniques.*

5. Sensory Status: hearing and vision

6/89: Ophthalmologist report.
12/89: Tympanometer test
10/90: Vision Consultant
Special Education Needs: *To encourage a response to her surroundings*

6. Health/Physical
Special Education Needs: *To facilitate head and body control.*

7. Emotional and Social Development and Behavior Skills

Special Education Needs: T*o encourage appropriate social interactions during mainstream activities.*

8. Functional Skills:daily living, recreation/leisure and community living skills

Special Education Needs: T*o encourage partial participation in daily living and recreation/leisure skills.*

9. Vocational, Occupational Potential and Secondary Transition.

Special Education Needs: *None*

INDIVIDUAL EDUCATION PROGRAM
W O R K S H E E T

Child and Family Plan

The following is summary of our joint planning for *Kristiana Kane* (Child's Name) on *November 28, 1990* (Date of IEP Conference)

LEARNER'S PRIORITY GOALS:	WHO IDENTIFIED GOALS? (family staff/both)
• *Increase appropriate, effective communication through body language, eye movements and vocalizations*	*Both*
• *Increase mobility by rolling and supported crawling*	*Both*
• *Increase neck strength and head control to the right*	*Staff*
• *Increase social awareness by consistent responses to visual and auditory stimulation*	*Both*
• *Increase choice making & discrimination skills using tech. thru purposeful head/foot movements.*	*Both*

FAMILY IDENTIFIED PROJECT:

- *Obtain a hospital bed for Kristi to assist with transfers and postural drainage.*
- *Increase respite care.*

Type of project: ____ Interest only __X__ Ongoing ____ Serious ____ Crisis

SOURCES OF FAMILY SUPPORT/RESOURCES:

- *Current respite care provider: S.K.*
- *Medical Assistance*
- *Social service caseworker: J.L.*

PLAN(S)	PERSON(S) RESPONSIBLE	TIMELINE
• *Discuss obtaining a hospital bed for Kristi with hospital staff*	*Parents*	*next appointment*
• *Contact social services for increased respite care*	*Parents*	

Follow up with community agency/service __X__ yes ____ no

Agency/contact person *Social service caseworker (J.L.)* Telephone *000-0000*

Review date _____ Review date _____ Review date _____
Rating _____ Rating _____ Rating _____

Progress rating scale (family determined progress):
1) Project completely accomplished to my/our satisfaction
2) Project partially accomplished; current plans are satisfactory
3) Plans begun, but not to my/our satisfaction
4) Situation changed; no longer a goal or project

F. Annual Goal and Short-Term Instructional Objectives

Domain (Domestic, School/Community, Recreation/Leisure)

Goal Statement:

1. *Will demonstrate optimal movement during daily activities by maintaining body symmetry and joint mobility.*
2. *Will transfer her communication skills to mainstream environments.*
3. *Will demonstrate problem solving in variety of situations.*
4. *Will actively participatein small and large group activities (right and raise head).*
5. *Will increase independent mobility by using purpoesful, voluntary leg movements.*

Person Responsible: **Goals** **1.**
2.
3.
4.
5.

Short-Term Instructional Objectives: **1.1, 1.2, etc.**
2.1, 2.2, etc.

Attainment Criteria: (for each objective)
Baseline: (for each objective)
Attainment Date(s):
Review Due Date: *4/91*

POST-CONFERENCE FOLLOW UP WITH THE FAMILY

Family Identified Goals/Projects (check all that apply)

____ Economic	____ Food/Clothing	____ Medical/Dental
____ Transportation/Comm.	____ Vocational	____ Adult Ed. Enrichment
____ Child Education	____ Child Care	____ Legal
____ Recreation/Leisure	____ Emotional	____ Cultural
____ Parent/Child Relationships	____ Family/School Relationships	____ Other

How Were Child and Family Priorities Identified Prior to the IEP Conference?
(check all that apply)

____ Family participated in the assessment planning process

____ Family reviewed and answered questions on "Planning Your Child's Educational Program"

____ Family reviewed home inventories and family checklists

If yes, which method or tool?_____

_____

____ Family participated in a family-focused interview in their home

____ Family participated in an informal home visit with ALP staff

____ Other _____

During the IEP Conference. . .

____ Family participated in a family-focused interview

____ Family participated in an informal discussion of child and family projects

____ Other _____

____ Family's grade for overall satisfaction with the conference (circle one)

A B C D F

Comments:

Family name _____

Student name _____

School site _____

Date _____

Project FISC - District #742 Community Schools - St. Cloud, MN 56301

Appendix D

Case Studies of Families Involved in the FISC Individualized Family-Centered Planning Process

The case studies presented here are illustrative of the range of different approaches that family members and staff utilized in tailoring the FISC planning process to their individual characteristics and priorities.

FISC Case Studies
The Hill Family

Background Information

The Hill family is a family of five living in a rural area. Both parents, who are in their 30s commute over an hour to their places of employment. The father works a night shift and is more available for daytime meetings and contacts with school staff. The children, two daughters and one son, are 5, 8, and 9 years of age. The oldest child, Ashley, has multiple disabilities and has lived in a foster care family since she was 5, spending weekends at home with her birth family. The foster care family, a couple with four older children (young adults and teenagers) and two other foster children, lives on a farm. Ashley attends a self-contained special education school program.

Initial Contact

Ashley has had the same teacher for the past two years. The teacher made several contacts with Mr. Hill, Ashley's birth father prior to the preassessment planning stage. In addition, the teacher informed the foster care parents of the upcoming planning meetings, but respected their view that the focus be on the natural parents. The foster care family asked to be informed of the meetings, and said they would try to attend the conference at school so they could stay informed in order to best care for Ashley while she's in their care.

Preassessment Planning

The teacher chose to use the Family Assessment Focus (see Appendix A, page A-13) with Ashley's birth parents to help them identify their priorities. This particular tool, sent to the family in advance, provided family members with a framework in which to respond to some open ended questions about the child's interests, abilities and needs as well as to aspects of the relationship between the parent and child. Ashley's father stated that he read over the questionnaire but did not fill it out or return it to school.

The teacher visited with the father over the phone and as a short meeting at school using the Preassessment Planning Worksheet (see Appendix A, pages A-6 to A-12) to structure the interview and record the information shared by the family. In addition to providing space for information about the child, the worksheet documents the family members' preferences for completing family-focused or child-focused assessments and for future home-school communication options. The father expressed a preference for informal meetings and short visits rather than formal meetings with a lot of professionals and indicated that he appreciated getting frequent personalized notes and phone calls from Ashley's teacher.

Child Assessment

Ashley's father and her teacher discussed the option of having the family members complete a child-focused inventory of Ashley's abilities and needs. The family decided that it was not necessary at this time as they had already had an opportunity during the preassessment planning contacts with the teacher to express their concerns about priority areas or particular needs related to Ashley's educational plan.

Collaborative Goal Setting at the IEP Conference

At the planning conference, the Hill family and the staff mutually identified priority goals for Ashley including increasing head control, maintaining range of motion, increasing trunk stability and alignment and having Ashley turn her head toward sounds. In addition, the family members identified a project that involved following-up on Ashley's medical needs. The parents and foster parents were both represented at the meeting and acknowledged that they provide the most important sources of support for each other regarding Ashley.

Ongoing Review of Program Plans

The teacher assured the parents that in keeping with their preferences, she would continue to send notes home and to call them to discuss Ashley's progress. Ashley's parents agreed to take responsibility for informing the staff when they felt that their family project had been completed and if any child goals needed to be reconsidered or changed.

The Mattson Family

Background Information

The Mattson family is comprised of the parents, who have been married for five years, and three sons, aged 12 years, 4 years and 10 months. Mrs. Mattson is a full-time student. Mr. Mattson is employed as a technician and commutes two hours per day to and from his job. The oldest son, Eric, had a serious birth injury. Eric's mother indicated that she had lacked sufficient information regarding Eric and his care to have made informed decisions when Eric was younger, resulting in his placement in several foster homes until 1985.

Preassessment Planning

Prior to the annual program planning conference, Eric's classroom teacher and student teacher visited the Mattson home. The Preassessment Planning Worksheet (see Appendix A, pages A-6 to A-12) was shared in discussions with the family. This process facilitated the sharing of family members' concerns and priorities regarding Eric. Family concerns that were raised included Eric's being excluded from a lot of activities and the lack of friends and social opportunities for Eric in their home.

Collaborative Goal Setting at the IEP Conference

Eric's classroom teacher chose to use the McGill Action Planning Process (MAPS) (see Appendix A, page A-24) for the conference, a format that was successfully used the previous year, resulting in a high level of parent satisfaction. During the conference family members, peers and staff identified goals as part of the MAPS process of sharing dreams, concerns and nightmares. Family priorities included having Eric communicate to gain a desired object or to express his feelings. While expressive communication was the family's highest priority, other family concerns included enrolling Eric in a year round school program, maintaining eating goals, completing a dual switch assessment and developing a wish list of things Eric could use at home that he currently uses at school. Eric's peers wanted him to increase his eye contact and to touch people and things. The school staff agreed on the communication and eating goals expressed by the family and also wanted to continue to work on strengthening Eric's head control.

Ongoing Review of Program Plans

After this years conference, Eric's teacher followed up with the family and learned that repeating the MAPS process for the second year was not as useful for the family as it had been the previous year. Mrs. Mattson reported feeling frustrated at having spent

less time on really addressing Eric's goals than she thought necessary. The MAPS process was very time consuming and because of another appointment, Mrs. Mattson had to leave the conference before she felt she had a chance to really share her concerns regarding goals for Eric. The mother raised a concern of hers that staff need to be flexible and listen to family members' concerns and view the family as the expert and best advocate for the child.

The Taylor Family

Background Information

The Taylor family moved to central Minnesota from the west coast seven years ago when their oldest daughter, Karin was 2 years old. Karin currently is 9 years old and has characteristics of autism. She attends a self-contained special education classroom program. She has a younger sister who is 4 years old. The parents, who are in their 30s are both employed. Mr. Taylor works at a manufacturing plant during the afternoon/ evening shift. Mrs. Taylor works part-time in a government office.

Preassessment Planning

The teacher met with Mrs. Taylor at school in preparation for Karin's program planning conference. The teacher chose to use the Family Assessment Focus questionnaire (see Appendix A, page A-13) to informally guide discussion during the meeting. The questionnaire is comprised of a number of open ended questions that facilitate the sharing of family members' perspectives about the child's interests, abilities and challenges as well as concerns and goals. Karin's mother shared information on home routines and Karin's relationship with her younger sister. A particular topic of concern from the mother's perspective was communication. Mrs. Taylor shared her observations about Karin's behaviors at home and what they might be communicating.

Collaborative Goal Setting at the IEP Conference

Goals identified by the family members at the program planning conference were to increase the functional use of pictures for communication and to improve dressing skills. The staff and family members jointly prioritized a goal for Karin to follow two and three step directions. The staff added a goal to increase the number of recreation/ leisure activities, to reliably indicate preferences, and to use both hands at the same time. The family members identified a family project to reinforce Karin for her verbal imitations. The parents and school staff agreed to list words that she used each day. The Taylor family acknowledged that the school staff and a personal care attendant provide significant sources of support for them in meeting Karin's needs.

Ongoing Review of Program Plans

When staff followed up with the family regarding their perceptions of the planning process, Mrs. Taylor shared a number of insights. She stated, " I try to tell Karin's teachers the important things and let them find some things on their own. It is a lot easier when we all work together and have some common goals." She acknowledged both having had to work through some frustrating times with school staff as well as having "clicked" with particular classroom teachers. She stressed accepting different perspectives and finding a middle ground with staff, acknowledging the importance to a parent of having a voice in the process.

The Shaw Family

Background Information

The Shaws are in their early 50s and have lived in their present home in central Minnesota for 27 years. Their children, two sons and a daughter, range in age from 19 to 28. Both parents are employed, although Mrs. Shaw remained at home while the children were growing up. None of the children currently lives at home with them. Their daughter is married and their two sons, Dan and Darryl, live together in a peer foster home. Both sons have developmental disabilities. Dan, now 28, lived at home until he was 21. Darryl, now 19 lived at home until he was 17.

Preassessment Planning

The Shaws have participated in traditional conferences with school and community agencies for over 20 years. They acknowledged the importance of home-school communication and felt planning has gotten easier over the years as professionals were better able to understand what they as parents were saying. Throughout contacts during the past two years, the Shaws emphasized that planning became easier not only because of their twenty years of experience in planning, but also in part to a systems change in the school program planning process.

In preparation for Darryl's annual planning conference, the Shaws chose a home visit for preassessment. The teacher planned a family-focused interview. during which the Shaw's shared their thoughts about Darryl's vocational training sites and expressed interest in having opportunities to try different settings where he would interact with more community people. Communication was also raised as a concern because of Darryl's recent move to a new living arrangement. As a follow-up to this concern, the communication specialist made several phone calls to Darryl's foster peer to share information.Together the Shaws and the classroom teacher reviewed Darryl's IEP and progress to date. The Shaws commented later that preassessment planning really helped to prepare them for the IEP conference and contributed to making it run smoother.

Collaborative Goal Setting at the IEP Conference

At Darryl's program planning conference, his parents, classroom teacher, communication specialist, foster peer and social worker collaboratively identified priority goals. Darryl's foster peer gave updated information from a dental appointment stating concerns about plaque build up. The Shaws agreed that this should be monitored. Other concerns for Darryl, noted by his foster peer, were following simple recipes, expressing emotions through sign language and having more opportunity to interact with peers. School staff mentioned Darryl's need to master removing his clothes right side out. Darryl's parents and school staff jointly identified a need for helping Darryl to use public

restrooms. All of these priorities were listed on Darryl's IEP as goals. The Shaws also chose a family project that involved exploring post-school programs that are available in the community. The acknowledged that their major sources of support included each other as well as school staff, country social workers and other families with whom they were acquainted who were also looking at post-school options.

Ongoing Review of Program Plans

After the conference, Darryl's father commented that the conference was less formal, giving them time to discuss issues that they felt were important and to express what they, as parents, wanted done, rather than just acknowledging what the school wanted to do. He commented, "It's not just the usual topics and we got answers to our questions." The Shaws stated that planning for Darryl is much harder with him not living at home so they need to rely on good communication between all of the parties to know what Darryl is doing. The use of phone calls and notes sent through the mail to communicate particular happenings, concerns and observations were appreciated by the Shaws and were to be continued as avenues of communication. Mr. Shaw shared some advice for new families about the program planning process, "You really have to let them know what's going on at home and what would help you. Be honest. You need to have good communication between home and school."